Children's Residential Program Pilot Report

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I. Introduction

Between September and December 2019, the California Department of Social Services (CDSS) piloted a new comprehensive inspection tool in Children's Residential facilities as part of its Inspection Process Project (IPP). The comprehensive pilot study was conducted to allow CDSS to develop a group of inspection tools. The inspection tools that will be developed from the pilot study include standard inspection tools and in-depth inspection tools (or "comprehensive" tools) consisting of domain specific tools for five Children's Residential facility types. These five include the Foster Family Agencies (FFA), Group Homes (GH), Small Family Homes (SFH), Short Term Residential Therapeutic Programs (STRTP), and Transitional Housing Placement Programs (THPP). Ensuring compliance, prevention, and enforcement of safety standards are tantamount to the development and fielding of new inspection tools across all programs in the Community Care Licensing Division (CCLD); through this data-informed inspection approach, CDSS will systemically document and track their efforts to ensure the health and safety of people under the care of licensed facilities.

Specifically, CDSS hopes the new inspection process will result in:

1. Inspections, through the implementation of standardized tools, that are:
    1) Consistent: Meaning the content of the inspections will be standardized, and Licensing Program Analysts (LPAs) will have a consistent process for performing inspections
    2) Thorough: Meaning that the full range of important domains is represented in each inspection
    3) Efficient: Meaning the tool covers all domains in a concise way
    4) Effective: Meaning the tools are accurate in assessing overall facility health
2. Actionable information, by generating data on facility compliance as well as noncompliance, will give CDSS a more holistic and accurate picture of facility and system performance over time. CDSS will use this information to focus resources and develop strategies for division-wide policy and program actions.
3. Identification of promising practices as well as areas of concern that may require training and improvement.
4. Inspection procedures that emphasize prevention and enforcement of statute and regulations that are key to the health and safety of the minors/non-minor dependents (NMD).

CDSS retained California State University, Sacramento (CSUS) to help develop scientifically valid and reliable inspection tools for the IPP. To this end, CSUS will provide supporting evidence drawn from multiple sources of data to identify which regulations and statutes should be included in the

Standard and Domain Focused inspection tools, as well as develop triggers for single domains, and correlated domain groupings that will result in a group of domains being triggered based on their statistical relationships. This report presents:

1. Qualitative and quantitative findings.
2. Preliminary recommendations to guide the selection of key indicators based on information provided by CDSS and results of the quantitative analyses.
3. Recommendations for next steps to identify and select key indicators for inclusion in the Children's Residential Program (CRP) inspection tools based on input from CCLD subject matter experts and CDSS leadership.

A. Structure of the CRP Comprehensive Pilot Tools

CDSS began initial tool development by grouping like requirements into specific categories or "domains." Requirements were reviewed for inclusion in the pilot comprehensive tools by a group of CCLD subject matter experts (SMEs). For the CRP pilot, only comprehensive tools were used in inspections.

Table 1, on the following page, provides a count of requirements per domain for each tool. Domains are listed in the first column and the number of requirements for that domain, for each tool, are provided in subsequent columns. FFA was the largest tool by far with nine domains and 801 requirements. (The size of the tool and number of domains decreases from left to right in the table.)

B. Approach and Methods

The data analysis process will identify requirements for possible inclusion in CRP inspection tools based on statistical analyses of inspection data, as well as input from CCLD SMEs and leadership. CSUS prepared a framework, or approach, (Appendix A) that will be used to develop evidence of scientific validity from two primary sources: 1) statistical analyses of inspection data identifying citation frequency information and patterns of co-violation; and, 2) input from CCLD SMEs, who possess a high level of knowledge regarding requirements, facilities and inspection practices; as well as knowledge of the criticality of proposed indicators and their relationship to the compliance status of facilities and well-being of children in care.

Table 1. Tool Contents: Domains and Requirements Counts

Domain	FFA	STRTP	GH	SFH	THPP
Client Records	156	206	176	138	104
Operational Requirements	71	46	55	61	46
Physical Plant/ Environmental Safety	52	140	197	164	21
Staffing/ Personnel Records	89	173	117	95	101
Clients with Special Health Care Needs	47	21	76	39	N/A
Core/ Therapeutic Services	16	54	N/A	N/A	N/A
Emergency Intervention Plan	N/A	25	23	N/A	N/A
Certified Family Home Records	43	N/A	N/A	N/A	N/A
Resource Family Records	243	N/A	N/A	N/A	N/A
RF Portability Records	84	N/A	N/A	N/A	N/A
Total	801	665	644	497	272

This report presents analyses of data gathered from multiple sources prior to, during, and immediately following the CRP pilot:

- Inspection data gathered in 2016-2019.
- Pilot inspection data recorded between September and December 2019.
- Post-inspection surveys completed by licensees, Licensing Program Analysts (LPAs), and Licensing Program Managers (LPMs) who participated in the CRP pilot.
- Focus groups conducted in January 2020, with LPAs and LPMs who participated in the pilot.

Qualitative Analysis

As part of the pilot process, Licensed Program Analysts (LPAs) completed post-inspection surveys, which contained both close-ended and open-ended questions.[1] Most of the data gathered from LPAs and Licensed Program Managers (LPMs) in the post-inspection survey and in the focus groups explored their experience with the new inspection process and their thoughts on tool content. Licensees were also asked to complete a post-inspection survey containing close-ended and open-ended questions assessing their experience with the pilot inspection. Subsequently, CSUS researchers reviewed data gathered from licensee and LPA post-inspection surveys to identify themes. Individual responses were then organized by theme and summarized to remove redundancies. This was examined in conjunction with the LPA and LPM focus group responses to complete the qualitative analyses contained in this report. Since LPAs completed surveys multiple times, we adjusted the data into an interpretable format. For the closed-ended questions, we delineate both the raw and adjusted data throughout this report. For the open-ended questions, we analyzed by theme and LPA/LPM. Details on these analyses are below.

Closed-Ended Question Analysis

LPAs completed post-inspection surveys multiple times, therefore, for closed-ended questions, we delineate both the raw and adjusted data throughout this report. For the open-ended questions, we analyzed by theme and LPA.[2]

This report focuses on reporting responses and data relevant to four of the main goals of the IPP, which are efficiency, thoroughness, consistency, and compliance. The tables presented in this report are structured as follows:

- The first column, Response Options, details the survey question response options. For questions asked in a table format, the text of the question itself is included in this column.
- The second column, Number of Responses, details the number of times each question response option was selected.
- The third column, Raw Percentage (RP), reflects the percent of times a certain response was given out of all the times the survey was completed. The fourth column, Number of LPAs, provides the number of different LPAs who gave that response. As most LPAs answered the surveys multiple times, the numbers in these columns add up to more than 10. Each separate row tells how many times a unique LPA selected that response.

[1] One Licensed Program Manager (LPM) completed the post-inspection LPA survey; for the purposes of this report, we refer to all survey respondents as LPAs.

[2] Only LPAs are referred to when discussing surveys, as only one LPM completed a survey.

- The fourth column, Number of LPAs, provides the number of different LPAs who gave that response. As most LPAs answered the surveys multiple times, the numbers in these columns add up to more than 10. Each separate row tells how many times a unique LPA selected that response.
- The fifth column, Standardized Percent (SP), adjusts the raw percentage of responses to account for the fact that LPAs responded to the surveys after each inspection. Thus, individual LPAs responded multiple times to the same survey. This weighted percentage shows what percent of inspectors selected particular responses.

It is important to note that there is a column in each table that factors out duplicates of the same response given by the same LPA on the post-inspection survey. It can be misleading to only look at the raw counts (columns 3 & 4 in the tables). As such, adjusted percentages are presented in the fifth column; essentially giving each LPA's experience equal weight, regardless of how many times an LPA may have completed the survey.

It is also important to note that not all questions were answered in every survey, resulting in some missing data. Therefore, the totals may not always be equal to the total number of inspections. Additionally, for some questions LPAs may have chosen N/A, or left the question unanswered, instead of selecting a ranked choice option. In these cases, their response was excluded from any calculation, thus the total number of LPAs that responded to a question may also be less than 10.

Open-Ended Question Analysis

Open-ended responses from the post-inspection LPA and licensee survey questions, as well as notes from the focus-group interviews, were analyzed using the software package Atlas.ti.[3] Responses were coded for prevalent and salient themes. As with the closed-ended data, the responses from LPAs who took the survey multiple times needed to be accounted for. To do this, the response data was examined by individual LPA. As such, the findings in this report should be referenced when looking at the open-ended questions, as opposed to the summary findings in Qualtrics.[4]

We completed a qualitative approach to coding responses. Coding/categorization was established to reflect the priorities of the IPP. All documents were categorized (coded) for efficiency, thoroughness, consistency, and compliance. Based on an initial read-through of the documents, a secondary set of categorizations were added to these initial four. As new and significant themes surfaced during the inductive approach analysis of the LPA and licensee surveys, additional categories (codes) were added. Analytic memos were taken throughout the process to track the researcher's progress, identify emergent topics and support a second round of data analysis and reporting.

[3] Atlas.ti is widely used for qualitative text, video, and audio research.

[4] Qualtrics is web-based survey software that can be used to generate surveys and reports.

Quantitative Analysis

CSUS analyzed pilot inspection data including descriptive analyses and correlational statistical tests. Researchers also conducted analyses comparing pilot to historical inspection data recorded in years 2016 to 2019.

Data Collection

There were 10 LPAs and 5 LPMs that participated in the pilot, completing 124 inspections and 96 post-inspection feedback surveys. For 22 of these inspections, a second LPM acted as a "shadow rater," and completed a "shadow" inspection simultaneously with the primary LPA. The purpose of having a shadow LPM follow the primary LPA was to gather data on consistency for an inter-rater reliability analysis. Shadow LPMs provided a second independent set of ratings to be compared to the primary LPA's ratings. (One shadow LPM also completed 1 LPA post-inspection feedback survey.) The licensee survey was completed by 51 individuals representing a pilot facility of the 124 facilities inspected during the pilot.

C. Pilot Sampling Strategy

Key Point: The sampling strategy utilized compliance history, facility size, and date of last inspection to determine which facilities would be part of the pilot study.

CDSS developed a stratified sampling plan for the pilot study. The stratified sample utilized compliance history, facility size, and date of last inspection. Compliance history was balanced through choosing facilities for inspections so that half of the inspected facilities had zero violations in the last two years, and half had one or more violations. The sampling plan included inspections from four regional offices throughout the state of California.

D. Data

Table 2, on the following page, displays the number of times each tool was used, and the frequency of inspection types during the pilot. Most inspections, 80 out of 124, were annual/random inspections.

Table 2. Frequencies for Each Tool

Tool	Overall Frequency	Overall Percent	Inspection Type: Annual/ Random	Inspection Type: Annual/ Required	Inspection Type: Required – 2 Year	Post Licensing
FFA Tool	30	24.3%	30	0	0	0
STRTP Tool	20	16.1%	4	13	0	3
GH Tool	37	29.8%	28	6	1	2
SFH Tool	22	17.7%	10	11	0	1
THPP Tool	15	12.1%	8	5	0	2
TOTAL	124	100.0%	80	35	1	8

LPA Post-Inspection Surveys

Conducted through Qualtrics, the LPA post-inspection survey was a 32-question survey completed by LPAs and shadow inspectors. The survey contained 4 demographic questions, 14 closed-ended questions, in which LPAs were given a response scale, and 11 open-ended questions. There were also 3 hybrid questions in which LPAs were first asked a close-ended question then possibly a follow-up open-ended question depending on how they answered the first part.

As CRP only conducted comprehensive inspections during their pilot, there is no information about domain focused tools in this report. Going forward, CSUS will advise CCLD on conducting analyses of the domain focused tools.

Table 3, on the following page, provides information on the number of times the post-inspection survey was completed by each LPA.

Response rates to these surveys were inconsistent. It is important to note that two of the LPAs either did none or only one post-inspection survey. (The inconsistency in response rates on the LPA post-inspection survey were likely due to technical difficulties.)

Licensee Surveys

After each pilot inspection, licensees were sent a post-inspection survey to complete. The licensee survey consisted of 17 total questions. There were 8 closed-ended questions, 4 open-ended questions, and 5 hybrid questions. For the hybrid questions, they were first asked a closed-ended question, then they may have been asked a follow-up open-ended question depending on how they answered the initial closed-ended question.

Table 3. Survey Completion Frequency

Inspector	Role	Frequency of Surveys Completed	Total Inspections Completed
1	Shadow Inspector/LPM	0	5
2	Shadow Inspector/LPM	0	1
3	Shadow Inspector/LPM	0	4
4	Shadow Inspector/LPM	0	6
5	Shadow Inspector/LPM	1	6
6	LPA	0	14
7	LPA	1	10
8	LPA	7	12
9	LPA	9	12
10	LPA	11	12
11	LPA	12	12
12	LPA	13	12
13	LPA	13	12
14	LPA	14	15
15	LPA	15	13
TOTAL		96	146

Focus Groups

CCLD and CSUS conducted four 45-minute focus groups with all pilot LPAs and LPMs from CRP in order to capture LPA experiences with the tool and inspection process during the pilot. Responses from the focus groups are integrated with the qualitative analysis. The focus groups had four main goals:

1) Clarify LPA written responses from post-inspection surveys.
2) Investigate how LPAs used the new tool during pilot inspections.
3) Generate ideas and strategies to improve the tool and inspection process.
4) Document suggestions for facilitating a smooth statewide rollout.

LPAs and LPMs were divided into three groups with each group answering a series of questions related to the four goals. Each focus group was led by a facilitator who directed the conversation. Focus groups were recorded using Otter.ai software and one note taker was assigned to each group

to document the responses. Focus group responses were analyzed using thematic and content analysis.

II. Executive Summary

The following report is a preliminary presentation of the data from the Children's Residential Program (CRP) pilot study. There are several important summary points to note in this document:

- This report summarizes qualitative data collected from the ten Licensing Program Analysts and five Licensing Program Managers who tested the five new Children's Residential Program tools.
- CCLD regulates approximately 2,200 Children's Residential facilities in California.[5] The pilot focused on five facility types: Foster Family Agencies (FFA), 364 statewide; Group Homes (GH), 379 statewide; Small Family Homes (SFH), 121 statewide; Short Term Residential Therapeutic Programs (STRTP), 376 statewide; and Transitional Housing Placement Programs (THPP), 97 statewide.[6] During the CRP pilot, ten LPAs and five LPMs inspected 124 CRP facilities to test the new tools. This report uses qualitative data gathered during and immediately after the CRP pilot to investigate ways the new tools contribute to the IPP goals of increased efficiency, thoroughness, compliance, and consistency.
- There were five tools that were tested in the Children's Residential Program pilot, corresponding to the following facility types: Foster Family Agencies (FFA), Group Homes (GH), Small Family Homes (SFH), Short Term Residential Therapeutic Programs (STRTP), and Transitional Housing Placement Programs (THPP). There were a total of 124 inspections across the five tools, most of which were annual/random inspections. The inspections were conducted in facilities from five different regional offices in Northern and Southern California. Facilities ranged in client capacity and the wide variety of facility types increased the generalizability of the data to the larger state population of children's residential facilities.
- Across all five tools, self-reported time spent in an inspection had a median of 7.25 hours, however, median inspection time varied across the tools.
- Inter-rater reliability was calculated using "shadow" raters, usually a Licensing Program Manager (LPM), who went out with the LPAs and conducted a parallel inspection. Across all the tools there were 20 usable shadow inspections. Overall, the inter-rater agreement was high. Inter-rater agreement on the individual tools ranged from 85.2% to 89.7%. Inter-rater agreement for requirements that were common to all tools was also strong at 89.9%.

[5] This number is approximate and represents the number of operating facilities on June 23, 2020.

[6] These totals are approximate and taken from the number of operating facilities on June 23, 2020.

- Overall, there was a high rate of compliance among the facilities that were inspected during the pilot study. For the THPP Tool, overall compliance was moderately strong at 87.1%. For the other tools, overall compliance was stronger and ranged from 95.7% to 98.8%.
- There were only 38 Type A citations issued across all facility types in the pilot study. There were a total of 267 Type B citations issued in the pilot, with 143 Type Bs issued in the Group Home Tool. There were a total of 673 Technical Violations (TVs) issued during the pilot. Comparatively, for most tools there was a relatively small number of Technical Advisories (TAs) issued. There were a total of 140 TAs issued across all five tools.
- LPAs who participated in the pilot thought that the new inspection process was more thorough than the old process and think that the new tools will improve inspection consistency statewide.
- Both licensees and LPAs benefited from the increased thoroughness of the new tools.
- Despite multiple notifications being sent out, almost half the licensees were not aware of the new inspection process.
- A majority of licensees found the new inspection process helpful and were pleased with the consistency of the new process. Licensees tended to think the new inspection process increased their understanding of CCLD requirements.
- Despite the increased length of the new inspection tool, both qualitative and quantitative data suggest LPAs will be able to conduct more thorough inspections efficiently.
- Although a majority of LPAs thought they extended more effort conducting inspections during the pilot, 65% found the new inspection tool efficient.
- LPAs believe that having requirement text immediately available improved inspection efficiency.
- Redundant requirements are a concern and more research needs to be done to distinguish between actual redundancies and perceived redundancies.
- LPAs suggested improving inspection efficiency through means such as adding more "gateway" questions, addressing overlap between pre-licensure requirements and annual inspection requirements, and creating a new medications domain.
- Over time the new inspection process and tools will lead to increased consistency and thoroughness in inspections, as well as increased knowledge among providers regarding requirements. The continuous quality improvement process will be designed such that inspection data will be monitored over time and data gathered will provide evidence of these

improvements. Improved compliance will lead to improved safety for people under the care of licensed facilities.

Going forward we recommend the following issues be addressed in SME workgroups:

- Investigate potential requirement redundancies.
- Investigate statewide differences in LPA training and practices.
- Problem solve around records review issues in the new tools, particularly in the FFA tool.
- Address differences in regional inspection practices, particularly in the Physical Plant domain.
- Inspection flow issues.
- Address LPA variance in issuing Type B or Technical Violation (TV) advisories.

A. Post Pilot Recommendations to Improve Effectiveness

LPAs and LPMs gave several specific recommendations to improve the inspection tool and process, which will be addressed during subject matter expert (SME) workgroups and will be addressed in subsequent revisions of the tools. The SME workgroups will rate requirements on a risk scale which will help to identify key indicators. Key indicators will be included in the revised versions of the tools. This identification was based on the impact the requirement has on health and safety (as rated by SMEs), as well as the frequency of citations and advisory notes associated with the requirement.

Recommendations were also provided regarding reducing redundancy in the tools, and in improving inspection flow. Continuous quality improvement will involve consistent monitoring regarding which requirements should be maintained on the tool, and whether any should be added or deleted. This will help ensure continuous assessment of overall facility health. Moving forward, a plan will be developed to create ongoing assessment of reliability and scientific validity for all programs.

The following sections provide further details on specific qualitative and quantitative findings from the CRP pilot. The findings are organized under key headings that outline the long-term goals of the inspection process. These long-term goals include consistency and thoroughness, effectiveness and efficiency, prevention, and compliance.

III. Consistency

The goal of consistency was examined in several ways during the CRP pilot. Both LPAs/LPMs and licensees provided feedback on these aspects of the inspection process. Additionally, consistency was systematically examined through the use of shadow raters allowing for the evaluation of inter-rater reliability. Lastly, LPA and LPM response changes on the inspection tool were examined. Specific results regarding these pieces of data are described on the following page.

A. Promising Results

LPA Feedback on Consistency: Closed-Ended Data

Key Point: While closed-ended qualitative data does not directly measure statewide consistency, indirect measures suggest the new tool is increasing consistency.

Improving consistency among LPAs is an important goal of the IPP. However, this is something that cannot be directly addressed through an LPA survey, as LPAs cannot know if they are being consistent with other LPAs in their process. However, some aspects of the LPA post-inspection survey indirectly address consistency. The intention of the new process is that each LPA should be using the inspection tools and the hardware in the same way. Questions about ease of use of the hardware can provide some insight into whether or not it will be consistently used. If the hardware is difficult to use, LPAs are likely to create ways to work around the difficulties, which will be individualized and thus reduce consistency. Hardware concerns such as ease of carrying the tablet and ease of typing notes, could indirectly affect consistency.

Table 4, below, provides LPAs ratings showing that 78.90% of LPAs found carrying the tablet "very easy" or "somewhat easy."

Table 4. Carrying the Tablet
Please rate the ease-of-use and/or difficulty of carrying the tablet:

Response Options	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very easy	20	20.83%	4/10	17.50%
Somewhat easy	62	64.58%	9/10	61.40%
Somewhat difficult	14	14.58%	6/10	21.09%
Very difficult	0	0.00%	0/10	0.00%
Not applicable	0	0.00%	0/10	0.00%
TOTAL	96	99.99%		100.00%

In addition, it is promising to note that LPAs generally felt the hardware was easy to use during the inspection process. Most LPAs reported that the stylus, scroll bar, touchscreen, and hand-strap were easy to use. The ease of use of the hardware is important in supporting consistency across LPAs in the inspection process. Tables in Appendix C provide the actual percent of LPAs reporting their experience with each of these aspects of hardware.

LPA Feedback on Consistency: Open-Ended Data

Key Point: LPAs believe the new inspection tool will increase statewide consistency and licensee perceptions of inspection consistency.

Multiple LPAs pointed out a challenge with previous inspection methods, that "every LPA is different, that's the problem." In other words, LPAs explained they see different issues, are trained to look for different things, and that this can result in different inspections. As one SME explained, "different LPAs, they might cite differently, using different requirements." At least 8 LPAs said they believed the new tool increased the consistency of the inspections, as one pointed out, "the visits were a little bit longer, but I think with more practice, it'll get a little bit easier and a little bit faster, but I think it just provides a lot more consistency." Some LPAs also thought that providers had different impression of the new tool, especially because they were also able to see the actual requirement. As one LPA said, "they [providers] actually felt comfortable. They liked that they were actually seeing what we were looking at and they knew that this is coming from the requirements not my opinion."

Licensee Feedback on Consistency

Key Point: Even though almost half the licensees were not aware of the new inspection process, a majority found the new inspection process helpful and were pleased with the consistency of the new process.

All licensees were invited to fill out surveys in response to the new inspection process. Out of the 124 inspections, there were 51 completed licensee surveys. While all licensees were sent a Provider Information Notice (PIN) about the new inspection process, just over half of those who responded to the survey, 50.98%, said they were aware of it. Table 5, below, describes the split between licensees who were aware and not aware of the new inspection process.

Table 5. Licensee Awareness of New Inspection Process
Were you aware of the revised Community Care Licensing Division (CCLD) inspection process prior to this inspection?

Response Options	Raw Percent	Frequency
Yes	50.98%	26
No	49.02%	25
Total	100.00%	51

Table 6, below, explores how the 26 licensees who were aware of the new process got their information.[7] Five licensees said they heard of the new inspection process from their provider organization, 10 said they heard from the CCLD Regional Office, and 2 indicated they heard it from the CCLD website, while 12 obtained the information from the CCLD quarterly update, and 7 indicated that they heard about it some other way. There was some overlap in responses, as licensees were asked to check all that applied to how they heard about it. Thus, the frequency adds up to 36, even though only 26 licensees responded to this question.[8]

Table 6. Ways Licensees Learned About the New Inspection Process
How did you find out about the new inspection process? Check all that apply.

Response Options	Raw Percent	Frequency
Provider Organization	19.23%	5
CCLD Regional Office/LPA	38.46%	10
CCLD Website	7.69%	2
CCLD Quarterly Update	46.15%	12
Other	26.92%	7
TOTAL[9]	-	36

Regardless of whether or not licensees were previously aware of the new inspection process, they responded to questions about their experience with the new process. Table 7, below, indicates that 64% of licensees rated their experience with the new inspection process as "excellent" or "good" while 32% found the new inspection process "fair" or "poor."

Table 7. Licensee Experience with the New Inspection Process
How would you rate your experience with the revised inspection process?

Response Options	Raw Percent	Frequency
Excellent	24.00%	12
Good	44.00%	22
Fair	20.00%	10
Poor	12.00%	6
TOTAL	100.00%	50

[7] Licensees who responded to this question chose multiple options, so percentages add up to more than 100%.

[8] Raw percentages are calculated out of the 26 licensees who were aware of the new inspection process, so percentages add up to more than 100%

Table 8, below, explores how helpful licensees found the new inspection process. A large majority, 86.28% found the new inspection process "extremely helpful," "quite helpful," or "somewhat helpful." Only 9.8% of licensees did not find the new process helpful, which suggests that the new process overall is helpful for licensees. Open-ended question responses, discussed in the open-ended responses section, suggest that having the actual requirements immediately available is connected to how helpful licensees found the new inspection process.

Table 8. Licensee Response to the New Inspection Process
Did you find the revised inspection process helpful?

Response Options	Raw Percent	Frequency
Extremely helpful	17.65%	9
Quite helpful	21.57%	11
Somewhat helpful	47.06%	24
Not at all helpful	9.80%	5
N/A	3.92%	2
TOTAL	100.00%	51

The positive reactions noted above in Table 8 appear to be unrelated to whether or not a licensee was cited. Table 9, below, indicates that the number of facilities cited during the pilot was approximately 43.14%.

Table 9. Facility Citation Rates
Was your facility cited during this inspection process?

Response Options	Raw Percent	Frequency
Yes	43.14%	22
No	56.86%	29
TOTAL	100.00%	51

Analysis of Open-Ended Licensee Responses

Sixteen licensees wrote appreciative comments about the LPAs who conducted the inspection, saying things like "the LPA was very patient and professional," "the LPA was helpful in all areas," "the LPA was extremely knowledgeable and took the time to answer questions," and "[the LPA] did a great job presenting the tool and assisting us in the completion of the review." For some licensees, the LPAs gave them an opportunity to learn, as one commented that "the explanations of the LPA during and [at the end] of the inspection were very helpful." Other licensees also noted that the tool itself was helpful. One said it was "helpful that information was also provided on the website as far as what the inspection consisted of." Another found it useful because "ILS standards just recently came out, it was

helpful to learn more of the new standards." It also brought licensees' awareness back to requirements they might have forgotten. One licensee remarked, "I like the fact that this process helps you recognize things that you take for granted that you still need to pay attention to."

Inter-Rater Reliability

Inter-rater reliability was measured as a percent agreement between primary and shadow raters inspecting the same facilities simultaneously. Percent agreement was computed for each tool first. Then it was computed again just for requirements that were common across all tools. There were 56 requirements that were common across all five tools. Results are shown in Table 10, below.

A minimum acceptable level of agreement is approximately 70% (Whitley & Kite, 2013).[10] The percent agreement was well above this threshold for all the tools, as well as the calculation for the common requirements. Two shadow inspections were not counted due to incomplete data.[11] Although there were minimal shadow inspections, especially for the THPP and SFH tools, the strong percent agreement for the requirements that are common across all tools provides evidence for consistency in ratings.

Table 10. Percentage Agreement Between Primary and Shadow Raters

Tool	Number of Shadow Visits	Primary/Shadow rater agreement	Overall agreement
FFA Tool	5	86.4%	--
GH Tool	8	87.8%	--
SFH Tool	2	89.7%	--
STRTP Tool	4	85.2%	--
THPP Tool	1	89.0%	--
TOTAL	20	87.0%	89.9%

[10] Whitley, B. E., & Kite, M. E. (2013). Principles of research in behavioral science (3rd ed). New York: Routledge.

[11] It is important to note that originally there were two shadow visits for the THPP tool; however, for unknown reasons during one of the shadow visits, the main rater left 72.4% of all the requirements on the tool blank, and rated the remaining 27.6% requirements N/A. This severely decreased the inter-rater reliability (to 57.9%). Thus, that case was removed from the analysis, leaving only one shadow visit for the calculation. For the Group Home tool, there was one rater who was recorded as doing a shadow visit, however there were no ratings recorded at all for the shadow visit. Thus, that shadow visit was also removed from the analysis of inter-rater reliability for the Group Home tool and the total IRR.

LPA Response Changes

Key Point: Overall, there were very few times where LPAs and LPMs changed the type of citation during an inspection. Out of 1,118 citations and advisory notes issued, across all inspections and LPA entries, there were 145 times (13.0%) that any change was recorded.

The inspection tool software tracked LPA responses, including recording the number of times LPAs switched from recording one type of citation or advisory note to another, and the actual keystroke associated with the change. This provided data on how often LPAs changed the citation/advisory note type, as well as what the actual changes were.

Table 11, below, provides information on the number of times different types of changes occurred.

Table 11. LPA Response Changes

Type of Change	Total Frequency	Percent
Deficiency changed to a lower degree citation	73	6.5%
Deficiency changed to a higher degree citation	48	4.3%
Multiple switches back and forth	24	2.2%
SUM	145	13.0%

As seen in Table 11, the total number of times LPAs switched the citation type was relatively low, given that a total of 1,118 citations and advisory notes were issued during the pilot inspections. For 6.5% of the response changes, LPAs changed a higher-level citation to one that was a lower level. This includes changes from a Type A to Type B or lower, Type B to Technical Violation (TV) or lower, or TV to Technical Advisory (TA). LPAs switched from a lower citation/advisory to a higher one in 4.3% of the changes; for example, changing a Type B to a Type A, or a TV to a Type B. Lastly, it is important to note that there were 24 instances in which LPAs changed their response multiple times, while ultimately issuing the same citation/advisory note as the original one they chose. For example, in one instance the changes appeared as follows: B,TA,TV,TV,B,B,B. Despite the LPA having changed the citation/advisory seven times, this LPA ultimately gave a B, which is what the initial choice was. It is difficult to say whether multiple changes were intentional or accidental. Overall, there were very few changes and the changes that were recorded do not reveal a pattern in the inspection process. Thus, these types of changes observed in the pilot do not elicit concerns about consistency.

B. Challenges

Open-Ended Responses

Key Point: LPAs noted that inconsistent practices around issuing a Type B citation versus a TV or TA must be addressed in training.

The most significant consistency-related concern that emerged from conversations in all three focus groups, and voiced by all LPAs, was knowing when to issue a Type B citation, a Technical Violation or a Technical Advisory (Type A citations were viewed as easier to determine). One LPA wondered "how are we individually interpreting it? Because she may have done like a technical advisory for that. And I could have actually cited for it, a Type B, you know, so it's still left up to the LPA to decide." To some this was an important aspect of their work as it allowed them to consider various issues including the current state and history of the facility as well as the response of the facility manager when concerns emerged. Additionally, some LPAs felt this was a useful tool to apply pressure to problematic facilities. One LPA described a situation in which they found several issues, and while they could have issued technical violations, they chose instead to give the facility Type B violations because "we need to get you [the facility] into compliance… obviously the complaints don't seem to matter. So at least now Type B's are gonna be better than a technical or an advisory."

Others were troubled by this ambiguity, saying it could impact the consistency of inspections. One LPA asked "where do the advisories come in? Where does the technical violation come in?" Later, that same LPA worried that this flexibility could be problematic if one facility realized they were cited for a violation while another facility was given a TV for the same issue. Another LPA pointed out that some licensees were also confused about the difference: "they don't understand the difference between the technical violation and the citations, or the civil penalties." The same LPA noted later that licensees were more receptive to technical violations once they understood that the violations aren't posted online and that "we're giving you technical violations to be more collaborative and to make your agency better. We're working with you." In another group a couple LPAs also mentioned that they needed clarity from supervisors about how to use the citations and violations/advisories, saying they felt they were receiving mixed-messages from program and regional managers. As one SME concluded, "that's why we need to get it in writing, how we should proceed."

During the focus groups one participant explained how they saw the difference between the different options LPAs had when facing a violation, explaining that if it's a violation they weigh the risk factor in order to decide whether to issue a TV or a Type B citation. The participant further explained how this was resolved in their office, as LPAs were confused. Their office clarified the difference as follows, "If it's a citation, we cite. If it's a violation…we weigh the risk factor and use the technical violation." If it's recommendation, it's a technical advisory," meaning that LPAs were advised to assess first whether the item was an actual violation or not, then to evaluate the risk the violation posed to minors/non-minor dependents in order to determine whether to issue a Type B citation or a TV.

IV. Thoroughness

Thoroughness is a key CDSS goal for the new inspection process. Thoroughness was examined through LPAs/LPMs and licensees provided feedback on the inspection process. Specific results regarding these pieces of data are described below.

A. Promising Results

Effectiveness: LPA Perceptions

Key Point: Most LPAs found the new tool to be effective in supporting a thorough inspection.

Table 12. LPA Perceptions of Effectiveness
Compared to previous inspection methods, how would you rate the effectiveness of the new inspection tool (e.g., its success in supporting a thorough inspection)?

Response Options:	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very effective	68	70.83%	8/10	57.28%
Somewhat effective	24	25.00%	6/10	38.56%
No change/About the same	4	4.17%	2/10	4.16%
Not very effective	0	0.00%	0/10	0.00%
Not at all effective	0	0.00%	0/10	0.00%
TOTAL	96	100.00%		100.00%

Here we see very promising results. Despite struggles with the tool, as discussed in other sections, a majority of LPAs, 95.84%, found the new tools to be "very" or "somewhat" effective in supporting a thorough inspection. A small number, 4.16%, thought the new tool was no more or less effective than previous inspection methods. These results point to the LPA's commitment to a new data driven inspection process. Table 13, on the following page, indicates the additional effort LPAs thought they expended on the inspection process.

While 12.53% LPAs found the new inspection process was "somewhat easier," 76.09% of the pilot LPAs thought the new inspections were "somewhat" or "definitely" more difficult. When this finding is taken in context of the overwhelming positive view of the tool as more effective and thorough than previous inspection processes, this suggests a strong commitment to the new inspection process. We also expect difficulty with the new process to reduce as LPAs become more familiar with the new tools and new hardware.

Table 13. LPA Perceptions of the Effect of New Inspection Process
What effect did the new inspection tool have on the inspection process?

The inspection process was:	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Definitely easier	8	8.33%	1/10	6.67%
Somewhat easier	17	17.71%	6/10	12.53%
No change/about the same	5	5.21%	5/10	4.71%
Somewhat more difficult	56	58.33%	8/10	58.31%
Definitely more difficult	10	10.42%	5/10	17.78%
TOTAL	96	100.00%		100.00%

Key Point: A majority of LPAs found the new inspection process to be more thorough.

While this pilot did not include domain focused tools, LPAs did navigate through domains as they conducted comprehensive inspections. In this section on thoroughness, we use LPA perceptions of the rigor of the domains themselves to measure tool thoroughness.

Table 14. LPA Perceptions of Pilot Inspection Thoroughness
Did the new inspection tool contribute to a more or less thorough inspection?

The inspection was:	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
A much more thorough inspection	72	75.00%	9/10	70.58%
A somewhat more thorough inspection	23	23.96%	5/10	27.99%
No change/About the same	1	1.04%	1/10	1.43%
A somewhat less thorough inspection	0	0.00%	0/10	0.00%
A much less thorough inspection	0	0.00%	0/10	0.00%
TOTAL	96	100.00%		100.00%

LPAs overwhelmingly ranked the new inspection process as thorough. Table 14, above, shows that 98.57% of the inspectors thought the tool contributed to a "much more" or "somewhat more" thorough inspection.

When breaking down thoroughness by domain, results are mixed, though for the most part, positive. For the Staffing/Personnel Records, Client Records, Resource Family Records, Resource Family Portability Records and Certified Family Home Records domains, over 90% of LPAs thought the new tools supported a "very thorough" review of the domains. (See Appendix A for full tables). While this is indeed a promising result, it needs to be taken within context of the unique challenges posed by reviewing records in CRP facilities. While Operational Requirements, Core Therapeutic Services, Clients with Special Health Care Needs, Emergency Intervention Plan were all rated between by between 79% and 90% of the pilot LPAs as "very thorough", the Physical Plant domain was only rated as "very thorough" about 74% of the time.[12] However, when "very thorough" and "somewhat thorough" are combined, we see that almost 95% of LPAs found the Physical Plant domain thorough, as Table 15, below, indicates.

Table 15. LPA Perceptions of Thoroughness in the Physical Plant Domain
With respect to completing a comprehensive inspection, did the regulations within the following domains support a thorough review of the subject area(s)? (Physical Plant)

Response Options	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very thorough	66	69.47%	9/10	74.10%
Somewhat thorough	23	24.21%	4/10	20.58%
Not thorough enough	5	5.26%	2/10	4.41%
Not at all thorough	1	1.05%	1/10	0.91%
TOTAL	95	99.99%		100.00%

As focus group data indicates, many LPAs struggled to use the tool during records review. We suggest an exploration of this disparity between challenges using the tool and LPA's appreciation for its thoroughness in SME workgroups, to see if some of the challenges of using the tool during records review can be reduced.

Open-ended Responses

Key Point: Both Licensees and LPAs benefited from the increased thoroughness of the new tools.

It's clear from the responses to the ranked-choice question that most LPAs thought the new inspection process was thorough – as one LPA said, the thoroughness is "built into the tool." When asked why, many noted they liked having the requirements available and easy to reference. One LPA

[12] The Core Therapeutic Services domain is only part of the FFA and STRTP tools; the Emergency Intervention Plan domain is only part of the Group Homes and STRTP tools.

explained that it was useful "having all the regs that we should be looking at in one tool so that nothing is missed." Another noted that "the tool helped me focus on what needed to be checked." A third added that "it was a good tool for me to learn while I was doing it, and I think it'll be good for new LPAs, seasoned LPAs -- across the board I think it's good for all." Another LPA explained that having the actual requirements present meant they had to scrutinize documents to ensure required information was present, not just confirm presence of the form. LPAs now have to look at "all the things that are required to be in that document, not just look for the document." One LPA concluded by saying that "now we're having to dig through everything, and where before I may have cited two or three now, I'm citing nine or ten, because it's just that much more in depth."

While having all the requirements available led to more opportunities for citations, something some facility managers expressed displeasure with, it also provided an opening for facilities to learn. For example, one LPA said they found SFH facilities very receptive to the new inspection because "they don't get a lot of assistance or attention." At one facility, which had been in operation for decades, the administrator was unaware that they needed their license posted or a register of clients. Lastly, the new inspection tool also allowed LPAs to gather a more complete impression of the facility because they were able to include more voices into their inspection: "I think having conversations, not only with the kids, but also with the staff persons brought them into that whole inspection process and gave them a voice to what's going on in the facility."

B. Challenges

Key Point: The new tools increased thoroughness revealed statewide differences in LPA training and practices.

All three focus groups expressed concern that some of the things they had previously checked as part of the Physical Plant inspection are not actually requirements. One focus group in particular had a long conversation about Physical Plant requirements during which all 5 group members expressed concern that many things they thought were important weren't specifically described in a requirement. Examples included closet and window coverings, window screens, toilets that flush, and the difference between a bed and a cot. Notably, none of these items are specific regulations/statutes, yet some LPAs believed they must be checked as part of a thorough inspection. One LPA suggested that checking for these types of things is encompassed by the 'analyst' part of their job and requires intuition. Others wondered if additional training was required, or if there were other, more specific Physical Plant requirements missing. Of particular concern was an LPA who essentially created their own tool, explaining that they, "had to create a little master tool, cut things out. I need to be consistent. So, I made a master tool with things that are like, totally irrelevant and applied that to all FFAs mainly because the FFA tool is really pretty bad." These comments indicate concerns with thoroughness as well as consistency.

Concerning large facilities, LPAs expressed concerns about how to do a thorough inspection of a facility with many bedrooms when there was only one checkbox for bedrooms. In two cases, LPAs described creating a hand-written table with a column for each item that needed to be checked and a row for each bedroom. This enabled them to go from bedroom to bedroom, ensuring each met the requirements, without having to use the note feature in the tool (as an alternative, one LPA suggested increasing the size of the note field for the bedroom requirements to accommodate note taking for large facilities). A solution proposed by one of the focus groups was to add a feature that allowed them to 'add a bedroom' to accommodate all beds in a facility.

Key Point: Some licensees were concerned about increased inspection times, likely the result of the more thorough inspection process.

For licensees, the most frequently voiced concern, reflected in the ranked choice questions, was the length of time it took to complete the inspection. However, as this is a new process, this is not completely unexpected. The table below provides specific data on the licensees' rank choice responses regarding the length of the inspection. Licensees were asked if they felt the revised inspection process took a reasonable length of time to complete compared to previous inspections. Table 16, below, contains their responses:

Table 16. Licensee Perceptions of Length of Time for Inspection Completion
Do you feel that the revised inspection process took a reasonable length of time to complete compared to previous inspections?

The inspection process was:	Raw Percent	Frequency
Much too short	0.0%	0
A little too short	0.0%	0
Adequate	41.2%	21
A little too long	31.4%	16
Much too long	27.4%	14
TOTAL	100.0%	51

Ensuring thoroughness in the inspection process and issues with the length of time for an inspection are also related to efficiency, which is another main goal of the new inspection procedure. Efficiency is addressed in the following section of the report. It will be important to ultimately strike a balance between thoroughness and efficiency. Determining how exactly to do this will require careful monitoring of the inspection process as the new tools are launched.

V. Efficiency

Efficiency of the tool was an important aspect of the pilot study given that the pilot inspection tool was much longer than the previously used tool. Efficiency was assessed with measure of inspection length and data entry times. In addition, some questions on the LPA and licensee post inspection surveys assessed efficiency and effectiveness.

A. Promising Results

Key Point: Despite the increased length of the new inspection tool, both qualitative and quantitative data suggest LPAs will be able to conduct more thorough inspections efficiently.

Both qualitative and quantitative information from the pilot data provide promising results regarding inspection process efficiency. One is the finding that, despite the fact that the pilot inspection tool was much longer than previously used inspection tools, data indicate that most inspections (72.6%) were completed in one day. This suggests that an inspection can be accomplished with an acceptable level of efficiency. A second promising finding is that many requirements were consistently marked as N/A by LPAs and LPMs. This suggests areas in which requirements can be evaluated for removal from the inspection tools in the future, or gateway questions could be added to reduce time spent on requirements that are not applicable to a facility at the time of inspection.

Table 17, on the following page, provides a listing of requirements for each tool that were most frequently cited as "N/A" within the tool. In the CRP pilot tools, there were several gateway questions that could automatically lead to an N/A rating, if the gateway response determined that regulations did not apply to a facility. Table 17 excludes regulations marked as N/A due to a gateway response and only includes regulations in which an LPA inspected the regulation and determined the rating should be N/A. A heuristic cutoff value of 70% was used, such that if a requirement was cited 70% or more of the time as N/A by the LPA, it is listed in the table. It's possible that these requirements may be removed from the revised inspection tools, however we caution that requirement removal should be subject to the terms that will be determined for the ongoing CQI process. Another option for managing requirements that are often rated as N/A would be to add a gateway question so that LPAs only inspect those requirements if they are in fact relevant to a facility at the time of inspection.

Table 17. Requirements Most Frequently Reported as N/A

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
FFA	Physical Plant/ Environmental Safety	80087(g)(2)	(2) In lieu of locked storage of firearms, the licensee may use trigger locks or remove the firing pin.	28	93.3
FFA	Physical Plant/ Environmental Safety	80087(g)(2)(A)	(A) Firing pins shall be stored and locked separately from firearms.	28	93.3
FFA	Physical Plant/ Environmental Safety	80088(e)(2)	(2) Taps delivering water at 125 degrees F (51.6 degrees C) or above shall be prominently identified by warning signs.	27	90.0
FFA	Physical Plant/ Environmental Safety	80088(c)	(c) Fireplaces and open-faced heaters shall be inaccessible to clients to ensure protection of the clients' safety.	25	83.3
FFA	Physical Plant/ Environmental Safety	80076(a)	(a) In facilities providing meals to clients, the following shall apply:	23	76.7
FFA	Staffing/ Personnel Records	80066(b)(3)	(3) For volunteers that are required to be fingerprinted pursuant to Section 80019:	21	70.0
FFA	Staffing/ Personnel Records	80066(b)(3)(A)	(A) A signed statement regarding their criminal record history as required by Section 80019(d).	21	70.0
SFH	Physical Plant/ Environmental Safety	80087(g)(2)	(2) In lieu of locked storage of firearms, the licensee may use trigger locks or remove the firing pin.	19	86.4
SFH	Physical Plant/ Environmental Safety	80087(g)(2)(A)	(A) Firing pins shall be stored and locked separately from firearms.	19	86.4
SFH	Physical Plant/ Environmental Safety	80087(g)(3)	(3) Ammunition shall be stored and locked separately from firearms.	19	86.4

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
SFH	Staffing/ Personnel Records	80066(b)(3)	(3) For volunteers that are required to be fingerprinted pursuant to Section 80019:	19	86.4
SFH	Staffing/ Personnel Records	83065.1(b)	(b) Volunteers caring for children in a specialized small family home shall meet the health screening requirements in Sections 80065(g)(1) and (g)(2).	19	86.4
SFH	Staffing/ Personnel Records	83066(d)	(d) For each volunteer caring for children in a specialized small family home, the licensee shall have on file the record of a health screening and test for tuberculosis as specified in Section 83065.1(b). The health screening shall be used in place of the volunteer statement specified in Section 80065(g)(3)(A).	19	86.4
SFH	Physical Plant/ Environmental Safety	80087(e)(2)	(2) Where an above-ground pool structure is used as the fence or where the fence is mounted on top of the pool structure, the pool shall be made inaccessible when not in use by removing or making the ladder inaccessible or erecting a barricade to prevent access to decking. If a barricade is used, the barricade shall meet the requirements of Section 80087(e)(1).	18	81.8

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
SFH	Physical Plant/ Environmental Safety	80087(f)	(f) All in-ground pools, and above-ground pools which cannot be emptied after each use shall have an operative pump and filtering system.	17	77.3
SFH	Staffing/ Personnel Records	80066(b)	(b) Personnel records shall be maintained for all volunteers and shall contain the following:	17	77.3
SFH	Physical Plant/ Environmental Safety	80087(e)(1)(A)	(A) If licensed prior to June 1, 1995, facilities with existing pool fencing shall be exempt from the fence requirements specified in Section 80087(e)(1) until such fence is replaced or structurally altered. If the licensee replaces or alters the fence, it shall be required to meet the fence requirements specified in Section 80087(e)(1).	16	72.7
SFH	Physical Plant/ Environmental Safety	80088(e)(2)	(2) Taps delivering water at 125 degrees F (51.6 degrees C) or above shall be prominently identified by warning signs.	16	72.7
SFH	Staffing/ Personnel Records	80066(b)(3)(B)	(B) Documentation of either a criminal record clearance or exemption as required by Section 80019(e).	16	72.7

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
SFH	Staffing/ Personnel Records	83066(a)(1)(A)(1)	1. Documentation may be provided in different ways, including, but not limited to, a written statement from a member designated by the team that the team has been notified and has determined that the training or additional training is unnecessary.	16	72.7
THPP	Staffing/ Personnel Records	80066(b)(1)	(1) A health statement as specified in Section 80065(g)(3).	13	86.7
THPP	Staffing/ Personnel Records	80066(b)(2)	(2) Tuberculosis test documents as specified in Section 80065(g).	13	86.7
THPP	Staffing/ Personnel Records	80066(b)	(b) Personnel records shall be maintained for all volunteers and shall contain the following:	12	80.0
THPP	Staffing/ Personnel Records	80066(b)(3)	(3) For volunteers that are required to be fingerprinted pursuant to Section 80019:	12	80.0
THPP	Staffing/ Personnel Records	80066(b)(3)(A)	(A) A signed statement regarding their criminal record history as required by Section 80019(d).	11	73.3
THPP	Staffing/ Personnel Records	86065.2(b)(1)(C)	(C) Child psychology, child development;	11	73.3
THPP	Staffing/ Personnel Records	86065.2(b)(1)(F)	(F) Education with a counseling emphasis; or	11	73.3
GH	Physical Plant/ Environmental Safety	84088(e)(3)	(3) All facilities having separate buildings and not providing full-time staff in each building whenever children are present.	35	94.6

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Physical Plant/ Environmental Safety	80087(e)(2)	(2) Where an above-ground pool structure is used as the fence or where the fence is mounted on top of the pool structure, the pool shall be made inaccessible when not in use by removing or making the ladder inaccessible or erecting a barricade to prevent access to decking. If a barricade is used, the barricade shall meet the requirements of Section 80087(e)(1).	34	91.9
GH	Physical Plant/ Environmental Safety	80087(g)(2)	(2) In lieu of locked storage of firearms, the licensee may use trigger locks or remove the firing pin.	34	91.9
GH	Physical Plant/ Environmental Safety	80087(g)(2)(A)	(A) Firing pins shall be stored and locked separately from firearms.	34	91.9
GH	Physical Plant/ Environmental Safety	80087(g)(3)	(3) Ammunition shall be stored and locked separately from firearms.	34	91.9
GH	Physical Plant/ Environmental Safety	84088(e)(1)	(1) All facilities with a licensed capacity of 31 or more children.	34	91.9
GH	Physical Plant/ Environmental Safety	84088(e)(2)	(2) All facilities having separate floors and not providing full-time staff on each floor whenever children are present.	34	91.9

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Physical Plant/ Environmental Safety	80087(e)(1)(A)	(A) If licensed prior to June 1, 1995, facilities with existing pool fencing shall be exempt from the fence requirements specified in Section 80087(e)(1) until such fence is replaced or structurally altered. If the licensee replaces or alters the fence, it shall be required to meet the fence requirements specified in Section 80087(e)(1).	32	86.5
GH	Physical Plant/ Environmental Safety	84088(f)	(f) The signal system shall have the ability to meet the following requirements:	32	86.5
GH	Physical Plant/ Environmental Safety	84088(f)(1)	(1) Operation from each children's living unit.	32	86.5
GH	Physical Plant/ Environmental Safety	84088(f)(2)	(2) Transmission of a visual and/or auditory signal to a central location, or production of an auditory signal at the specific children's living unit which is loud enough to summon staff.	32	86.5
GH	Physical Plant/ Environmental Safety	84088(f)(3)	(3) Identification of the specific children's living unit from which the signal originates.	32	86.5
GH	Physical Plant/ Environmental Safety	84088(g)	(g) Facilities having more than one wing, floor or building shall be allowed to have a separate signal system in each component provided that each such system meets the requirements specified in (e) above.	32	86.5

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Staffing/ Personnel Records	84065.7(c)	(c) In group homes providing care and supervision to 31 or more children, there shall be one child care staff person awake and on duty from 10 p.m. to 7 a.m. for the first 30 children; and one child care staff person awake and on duty for each additional 30 children or fraction of that amount; for minor parent programs this requirement shall be from 7 p.m. to 7 a.m.	32	86.5
GH	Staffing/ Personnel Records	80066(b)(3)	(3) For volunteers that are required to be fingerprinted pursuant to Section 80019:	31	83.8
GH	Physical Plant/ Environmental Safety	84088(e)	(e) The following facilities shall maintain a signal system which meets the requirements specified in (e) and (f) below. Such system shall be used by children to summon staff during an emergency:	30	81.1
GH	Staffing/ Personnel Records	80066(b)(3)(A)	(A) A signed statement regarding their criminal record history as required by Section 80019(d).	30	81.1
GH	Staffing/ Personnel Records	80066(b)(3)(B)	(B) Documentation of either a criminal record clearance or exemption as required by Section 80019(e).	30	81.1
GH	Physical Plant/ Environmental Safety	80087(f)	(f) All in-ground pools, and above-ground pools which cannot be emptied after each use shall have an operative pump and filtering system.	29	78.4

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Physical Plant/ Environmental Safety	84087.2(b)	(b) As a condition of licensure, the areas around and under high climbing equipment, swings, slides and other similar equipment shall be cushioned with material which absorbs falls.	29	78.4
GH	Physical Plant/ Environmental Safety	84087(b)(7)(A)	(A) Staff bedrooms are to be located near the children's sleeping area.	29	78.4
GH	Staffing/ Personnel Records	80066(b)	(b) Personnel records shall be maintained for all volunteers and shall contain the following:	29	78.4
GH	Staffing/ Personnel Records	84064(e)(2)(C)	(C) Have a bachelor's degree from an accredited college or university, plus at least three years administrative experience or supervisory experience over social work, child care, and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.	29	78.4
GH	Staffing/ Personnel Records	84065.7(b)	(b) In group homes providing care and supervision to 13 to 30 children, there shall be one child care staff person awake and on duty from 10 p.m. to 7 a.m.; for minor parent programs this requirement shall be from 7 p.m. to 7 a.m.	29	78.4

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Staffing/ Personnel Records	84065.7(e)	(e) In facilities required to have a signal system as specified in Sections 84088(d) through (d)(3), at least one staff person shall be responsible for responding to such system.	29	78.4
GH	Physical Plant/ Environmental Safety	80087(e)	(e) All licensees serving children or serving clients who have physical handicaps, mental disorders, or developmental disabilities shall ensure the inaccessibility of pools, including swimming pools (in-ground and above-ground), fixed-in-place wading pools, hot tubs, spas, fish ponds or similar bodies of water through a pool cover or by surrounding the pool with a fence.	28	75.7
GH	Physical Plant/ Environmental Safety	84087(b)(3)(B)	(B) Each child is under five years of age, or	28	75.7
GH	Staffing/ Personnel Records	80066(b)(1)	(1) A health statement as specified in Section 80065(g)(3).	28	75.7
GH	Staffing/ Personnel Records	80066(b)(2)	(2) Tuberculosis test documents as specified in Section 80065(g).	28	75.7
GH	Staffing/ Personnel Records	84064(d)(2)	(2) In facilities with a licensed capacity of 13 or more children, there shall be coverage by a designated substitute who has the following qualifications:	28	75.7

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Staffing/ Personnel Records	84064(e)(2)	(2) The administrator of a facility with a licensed capacity of 13 or more children shall meet one of the following requirements:	28	75.7
GH	Staffing/ Personnel Records	84064(e)(2)(B)	(B) Have a master's degree in a behavioral science from an accredited college or university, plus two years of employment as a social worker, as defined in section 80001s.(4), in an agency serving children or in a group residential program for children.	28	75.7
GH	Physical Plant/ Environmental Safety	80076(a)(23)	(23) Adaptive devices shall be provided for self-help in eating as needed by clients.	27	73.0
GH	Physical Plant/ Environmental Safety	80088(e)(2)	(2) Taps delivering water at 125 degrees F (51.6 degrees C) or above shall be prominently identified by warning signs.	27	73.0
GH	Physical Plant/ Environmental Safety	84087.2(b)(1)	(1) Sand, woodchips, peagravel or rubber mats commercially produced for this purpose, shall be permitted.	27	73.0
GH	Staffing/ Personnel Records	84064(e)(2)(A)	(A) Have a master's degree in a behavioral science from an accredited college or university, plus at least one year of administrative experience or supervisory experience over social work, child care, and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.	27	73.0

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Staffing/ Personnel Records	84065(e)	(e) In facilities with a licensed capacity of 13 or more children, one employee shall be designated by the administrator to have primary responsibility for planned activities, and shall be given assistance as necessary to ensure that all children participate in accordance with their needs, interests, and abilities.	27	73.0
GH	Operational Requirements	84079(d)	(d) In facilities with a licensed capacity of 13 or more children, a schedule of the planned activities shall be posted on at least a weekly basis in a central facility location readily accessible to children, relatives, and representatives of placement and referral agencies.	26	70.3

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Physical Plant/ Environmental Safety	80087(e)(1)	(1) Fences shall be at least five-feet high and shall be constructed so that the fence does not obscure the pool from view. The bottom and sides of the fence shall comply with Division 1, Appendix Chapter 4 of the 1994 Uniform Building Code. In addition to meeting all of the aforementioned requirements for fences, gates shall swing away from the pool, self-close and have a self-latching device located no more than six inches from the top of the gate. Pool covers shall be strong enough to completely support the weight of an adult and shall be placed on the pool and locked while the pool is not in use.	26	70.3
GH	Physical Plant/ Environmental Safety	84087(b)(3)(A)	(A) A minor parent may share a bedroom with the minor parent's child of the opposite sex.	26	70.3
GH	Staffing/ Personnel Records	84065(d)(3)(B)	(B) Facility managers only working in group homes that care for children under the age of six years governed by Title 22, Division 6, Chapter 5, Subchapter 2, who have completed the training required by Sections 84265(c) and (h) are exempt from the training required in Sections 84065(i) and (j).	26	70.3
STRTP	Physical Plant/ Environmental Safety	80087(g)(2)	(2) In lieu of locked storage of firearms, the licensee may use trigger locks or remove the firing pin.	19	95.0

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
STRTP	Physical Plant/ Environmental Safety	80087(g)(2)(A)	(A) Firing pins shall be stored and locked separately from firearms.	19	95.0
STRTP	Physical Plant/ Environmental Safety	80087(g)(3)	(3) Ammunition shall be stored and locked separately from firearms.	19	95.0
STRTP	Physical Plant/ Environmental Safety	87095.23(a)(4)	(4) Protective separation rooms must be safe and free of hazards such as objects or fixtures which can be broken or used by a child to inflict injury to self or others.	19	95.0
STRTP	Physical Plant/ Environmental Safety	87087(b)(3)(B)	(B) Each child is under five years of age, or	18	90.0
STRTP	Physical Plant/ Environmental Safety	87088(e)(2)	(2) All facilities having separate floors and not providing full-time staff on each floor whenever children are present.	18	90.0
STRTP	Physical Plant/ Environmental Safety	87095.23(a)(1)	(1) No protective separation room may be used for another purpose, e.g. bedroom, bathroom, storage.	18	90.0
STRTP	Physical Plant/ Environmental Safety	87095.23(a)(2)	(2) No protective separation room may be used without a fire clearance from the local fire authority.	18	90.0
STRTP	Physical Plant/ Environmental Safety	87095.23(a)(3)	(3) No protective separation room may be used without prior inspection and approval by the Department.	18	90.0
STRTP	Physical Plant/ Environmental Safety	87087(b)(3)(A)	(A) A minor parent is sharing a bedroom with the minor parent's child of the opposite sex.	17	85.0

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
STRTP	Physical Plant/ Environmental Safety	87087(b)(7)(A)	(A) Staff bedrooms are to be located near the children's sleeping area.	17	85.0
STRTP	Physical Plant/ Environmental Safety	87088(e)(1)	(1) All facilities with a licensed capacity of 31 or more children.	17	85.0
STRTP	Physical Plant/ Environmental Safety	87088(e)(3)	(3) All facilities having separate buildings and not providing full-time staff in each building whenever children are present.	17	85.0
STRTP	Physical Plant/ Environmental Safety	87088(g)	(g) Facilities having more than one wing, floor or building shall be allowed to have a separate signal system in each component provided that each such system meets the requirements specified in (e) above.	17	85.0
STRTP	Physical Plant/ Environmental Safety	80087(e)(2)	(2) Where an above-ground pool structure is used as the fence or where the fence is mounted on top of the pool structure, the pool shall be made inaccessible when not in use by removing or making the ladder inaccessible or erecting a barricade to prevent access to decking. If a barricade is used, the barricade shall meet the requirements of Section 80087(e)(1).	16	80.0
STRTP	Physical Plant/ Environmental Safety	87087(b)(7)	(7) Private bedrooms, separate from the children's bedrooms shall be provided for staff or other adults who sleep at the facility.	16	80.0

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
STRTP	Physical Plant/ Environmental Safety	87088(f)	(f) The signal system shall have the ability to meet the following requirements:	16	80.0
STRTP	Physical Plant/ Environmental Safety	87088(f)(1)	(1) Operation from each children's living unit.	16	80.0
STRTP	Physical Plant/ Environmental Safety	87088(f)(2)	(2) Transmission of a visual and/or auditory signal to a central location, or production of an auditory signal at the specific children's living unit which is loud enough to summon staff.	16	80.0
STRTP	Physical Plant/ Environmental Safety	87088(f)(3)	(3) Identification of the specific children's living unit from which the signal originates.	16	80.0
STRTP	Physical Plant/ Environmental Safety	87095.23(a)	(a) In addition to Section 87095.22, any licensee with an approved emergency intervention plan which includes the use of a protective separation room, must comply with the following requirements:	16	80.0
STRTP	Staffing/ Personnel Records	80066(b)(3)	(3) For volunteers that are required to be fingerprinted pursuant to Section 80019:	16	80.0
STRTP	Staffing/ Personnel Records	80066(b)(3)(A)	(A) A signed statement regarding their criminal record history as required by Section 80019(d).	15	75.0
STRTP	Staffing/ Personnel Records	80066(b)(3)(B)	(B) Documentation of either a criminal record clearance or exemption as required by Section 80019(e).	15	75.0

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
STRTP	Physical Plant/ Environmental Safety	80087(e)(1)(A)	(A) If licensed prior to June 1, 1995, facilities with existing pool fencing shall be exempt from the fence requirements specified in Section 80087(e)(1) until such fence is replaced or structurally altered. If the licensee replaces or alters the fence, it shall be required to meet the fence requirements specified in Section 80087(e)(1).	14	70.0
STRTP	Physical Plant/ Environmental Safety	80087(f)	(f) All in-ground pools, and above-ground pools which cannot be emptied after each use shall have an operative pump and filtering system.	14	70.0
STRTP	Physical Plant/ Environmental Safety	87087.2(b)	(b) As a condition of licensure, the areas around and under high climbing equipment, swings, slides and other similar equipment shall be cushioned with material which absorbs falls.	14	70.0
STRTP	Physical Plant/ Environmental Safety	87087.2(b)(1)	(1) Sand, woodchips, pea gravel or rubber mats commercially produced for this purpose, shall be permitted.	14	70.0
STRTP	Staffing/ Personnel Records	80065(g)(3)	(3) The good physical health of each volunteer who works in the facility shall be verified by:	14	70.0
STRTP	Staffing/ Personnel Records	80065(g)(3)(A)	(A) A statement signed by each volunteer affirming that he/she is in good health.	14	70.0

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
FFA	Physical Plant/ Environmental Safety	80087(g)(2)	(2) In lieu of locked storage of firearms, the licensee may use trigger locks or remove the firing pin.	28	93.3
FFA	Physical Plant/ Environmental Safety	80087(g)(2)(A)	(A) Firing pins shall be stored and locked separately from firearms.	28	93.3
FFA	Physical Plant/ Environmental Safety	80088(e)(2)	(2) Taps delivering water at 125 degrees F (51.6 degrees C) or above shall be prominently identified by warning signs.	27	90.0
FFA	Physical Plant/ Environmental Safety	80088(c)	(c) Fireplaces and open-faced heaters shall be inaccessible to clients to ensure protection of the clients' safety.	25	83.3
FFA	Physical Plant/ Environmental Safety	80076(a)	(a) In facilities providing meals to clients, the following shall apply:	23	76.7
FFA	Staffing/ Personnel Records	80066(b)(3)	(3) For volunteers that are required to be fingerprinted pursuant to Section 80019:	21	70.0
FFA	Staffing/ Personnel Records	80066(b)(3)(A)	(A) A signed statement regarding their criminal record history as required by Section 80019(d).	21	70.0
SFH	Physical Plant/ Environmental Safety	80087(g)(2)	(2) In lieu of locked storage of firearms, the licensee may use trigger locks or remove the firing pin.	19	86.4
SFH	Physical Plant/ Environmental Safety	80087(g)(2)(A)	(A) Firing pins shall be stored and locked separately from firearms.	19	86.4
SFH	Physical Plant/ Environmental Safety	80087(g)(3)	(3) Ammunition shall be stored and locked separately from firearms.	19	86.4

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
SFH	Staffing/ Personnel Records	80066(b)(3)	(3) For volunteers that are required to be fingerprinted pursuant to Section 80019:	19	86.4
SFH	Staffing/ Personnel Records	83065.1(b)	(b) Volunteers caring for children in a specialized small family home shall meet the health screening requirements in Sections 80065(g)(1) and (g)(2).	19	86.4
SFH	Staffing/ Personnel Records	83066(d)	(d) For each volunteer caring for children in a specialized small family home, the licensee shall have on file the record of a health screening and test for tuberculosis as specified in Section 83065.1(b). The health screening shall be used in place of the volunteer statement specified in Section 80065(g)(3)(A).	19	86.4
SFH	Physical Plant/ Environmental Safety	80087(e)(2)	(2) Where an above-ground pool structure is used as the fence or where the fence is mounted on top of the pool structure, the pool shall be made inaccessible when not in use by removing or making the ladder inaccessible or erecting a barricade to prevent access to decking. If a barricade is used, the barricade shall meet the requirements of Section 80087(e)(1).	18	81.8

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
SFH	Physical Plant/ Environmental Safety	80087(f)	(f) All in-ground pools, and above-ground pools which cannot be emptied after each use shall have an operative pump and filtering system.	17	77.3
SFH	Staffing/ Personnel Records	80066(b)	(b) Personnel records shall be maintained for all volunteers and shall contain the following:	17	77.3
SFH	Physical Plant/ Environmental Safety	80087(e)(1)(A)	(A) If licensed prior to June 1, 1995, facilities with existing pool fencing shall be exempt from the fence requirements specified in Section 80087(e)(1) until such fence is replaced or structurally altered. If the licensee replaces or alters the fence, it shall be required to meet the fence requirements specified in Section 80087(e)(1).	16	72.7
SFH	Physical Plant/ Environmental Safety	80088(e)(2)	(2) Taps delivering water at 125 degrees F (51.6 degrees C) or above shall be prominently identified by warning signs.	16	72.7
SFH	Staffing/ Personnel Records	80066(b)(3)(B)	(B) Documentation of either a criminal record clearance or exemption as required by Section 80019(e).	16	72.7

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
SFH	Staffing/ Personnel Records	83066(a)(1)(A)(1)	1. Documentation may be provided in different ways, including, but not limited to, a written statement from a member designated by the team that the team has been notified and has determined that the training or additional training is unnecessary.	16	72.7
THPP	Staffing/ Personnel Records	80066(b)(1)	(1) A health statement as specified in Section 80065(g)(3).	13	86.7
THPP	Staffing/ Personnel Records	80066(b)(2)	(2) Tuberculosis test documents as specified in Section 80065(g).	13	86.7
THPP	Staffing/ Personnel Records	80066(b)	(b) Personnel records shall be maintained for all volunteers and shall contain the following:	12	80.0
THPP	Staffing/ Personnel Records	80066(b)(3)	(3) For volunteers that are required to be fingerprinted pursuant to Section 80019:	12	80.0
THPP	Staffing/ Personnel Records	80066(b)(3)(A)	(A) A signed statement regarding their criminal record history as required by Section 80019(d).	11	73.3
THPP	Staffing/ Personnel Records	86065.2(b)(1)(C)	(C) Child psychology, child development;	11	73.3
THPP	Staffing/ Personnel Records	86065.2(b)(1)(F)	(F) Education with a counseling emphasis; or	11	73.3
GH	Physical Plant/ Environmental Safety	84088(e)(3)	(3) All facilities having separate buildings and not providing full-time staff in each building whenever children are present.	35	94.6

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Physical Plant/ Environmental Safety	80087(e)(2)	(2) Where an above-ground pool structure is used as the fence or where the fence is mounted on top of the pool structure, the pool shall be made inaccessible when not in use by removing or making the ladder inaccessible or erecting a barricade to prevent access to decking. If a barricade is used, the barricade shall meet the requirements of Section 80087(e)(1).	34	91.9
GH	Physical Plant/ Environmental Safety	80087(g)(2)	(2) In lieu of locked storage of firearms, the licensee may use trigger locks or remove the firing pin.	34	91.9
GH	Physical Plant/ Environmental Safety	80087(g)(2)(A)	(A) Firing pins shall be stored and locked separately from firearms.	34	91.9
GH	Physical Plant/ Environmental Safety	80087(g)(3)	(3) Ammunition shall be stored and locked separately from firearms.	34	91.9
GH	Physical Plant/ Environmental Safety	84088(e)(1)	(1) All facilities with a licensed capacity of 31 or more children.	34	91.9
GH	Physical Plant/ Environmental Safety	84088(e)(2)	(2) All facilities having separate floors and not providing full-time staff on each floor whenever children are present.	34	91.9

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Physical Plant/ Environmental Safety	80087(e)(1)(A)	(A) If licensed prior to June 1, 1995, facilities with existing pool fencing shall be exempt from the fence requirements specified in Section 80087(e)(1) until such fence is replaced or structurally altered. If the licensee replaces or alters the fence, it shall be required to meet the fence requirements specified in Section 80087(e)(1).	32	86.5
GH	Physical Plant/ Environmental Safety	84088(f)	(f) The signal system shall have the ability to meet the following requirements:	32	86.5
GH	Physical Plant/ Environmental Safety	84088(f)(1)	(1) Operation from each children's living unit.	32	86.5
GH	Physical Plant/ Environmental Safety	84088(f)(2)	(2) Transmission of a visual and/or auditory signal to a central location, or production of an auditory signal at the specific children's living unit which is loud enough to summon staff.	32	86.5
GH	Physical Plant/ Environmental Safety	84088(f)(3)	(3) Identification of the specific children's living unit from which the signal originates.	32	86.5
GH	Physical Plant/ Environmental Safety	84088(g)	(g) Facilities having more than one wing, floor or building shall be allowed to have a separate signal system in each component provided that each such system meets the requirements specified in (e) above.	32	86.5

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Staffing/ Personnel Records	84065.7(c)	(c) In group homes providing care and supervision to 31 or more children, there shall be one child care staff person awake and on duty from 10 p.m. to 7 a.m. for the first 30 children; and one child care staff person awake and on duty for each additional 30 children or fraction of that amount; for minor parent programs this requirement shall be from 7 p.m. to 7 a.m.	32	86.5
GH	Staffing/ Personnel Records	80066(b)(3)	(3) For volunteers that are required to be fingerprinted pursuant to Section 80019:	31	83.8
GH	Physical Plant/ Environmental Safety	84088(e)	(e) The following facilities shall maintain a signal system which meets the requirements specified in (e) and (f) below. Such system shall be used by children to summon staff during an emergency:	30	81.1
GH	Staffing/ Personnel Records	80066(b)(3)(A)	(A) A signed statement regarding their criminal record history as required by Section 80019(d).	30	81.1
GH	Staffing/ Personnel Records	80066(b)(3)(B)	(B) Documentation of either a criminal record clearance or exemption as required by Section 80019(e).	30	81.1
GH	Physical Plant/ Environmental Safety	80087(f)	(f) All in-ground pools, and above-ground pools which cannot be emptied after each use shall have an operative pump and filtering system.	29	78.4

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Physical Plant/ Environmental Safety	84087.2(b)	(b) As a condition of licensure, the areas around and under high climbing equipment, swings, slides and other similar equipment shall be cushioned with material which absorbs falls.	29	78.4
GH	Physical Plant/ Environmental Safety	84087(b)(7)(A)	(A) Staff bedrooms are to be located near the children's sleeping area.	29	78.4
GH	Staffing/ Personnel Records	80066(b)	(b) Personnel records shall be maintained for all volunteers and shall contain the following:	29	78.4
GH	Staffing/ Personnel Records	84064(e)(2)(C)	(C) Have a bachelor's degree from an accredited college or university, plus at least three years administrative experience or supervisory experience over social work, child care, and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.	29	78.4
GH	Staffing/ Personnel Records	84065.7(b)	(b) In group homes providing care and supervision to 13 to 30 children, there shall be one child care staff person awake and on duty from 10 p.m. to 7 a.m.; for minor parent programs this requirement shall be from 7 p.m. to 7 a.m.	29	78.4

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Staffing/ Personnel Records	84065.7(e)	(e) In facilities required to have a signal system as specified in Sections 84088(d) through (d)(3), at least one staff person shall be responsible for responding to such system.	29	78.4
GH	Physical Plant/ Environmental Safety	80087(e)	(e) All licensees serving children or serving clients who have physical handicaps, mental disorders, or developmental disabilities shall ensure the inaccessibility of pools, including swimming pools (in-ground and above-ground), fixed-in-place wading pools, hot tubs, spas, fish ponds or similar bodies of water through a pool cover or by surrounding the pool with a fence.	28	75.7
GH	Physical Plant/ Environmental Safety	84087(b)(3)(B)	(B) Each child is under five years of age, or	28	75.7
GH	Staffing/ Personnel Records	80066(b)(1)	(1) A health statement as specified in Section 80065(g)(3).	28	75.7
GH	Staffing/ Personnel Records	80066(b)(2)	(2) Tuberculosis test documents as specified in Section 80065(g).	28	75.7
GH	Staffing/ Personnel Records	84064(d)(2)	(2) In facilities with a licensed capacity of 13 or more children, there shall be coverage by a designated substitute who has the following qualifications:	28	75.7

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Staffing/ Personnel Records	84064(e)(2)	(2) The administrator of a facility with a licensed capacity of 13 or more children shall meet one of the following requirements:	28	75.7
GH	Staffing/ Personnel Records	84064(e)(2)(B)	(B) Have a master's degree in a behavioral science from an accredited college or university, plus two years of employment as a social worker, as defined in section 80001s.(4), in an agency serving children or in a group residential program for children.	28	75.7
GH	Physical Plant/ Environmental Safety	80076(a)(23)	(23) Adaptive devices shall be provided for self-help in eating as needed by clients.	27	73.0
GH	Physical Plant/ Environmental Safety	80088(e)(2)	(2) Taps delivering water at 125 degrees F (51.6 degrees C) or above shall be prominently identified by warning signs.	27	73.0
GH	Physical Plant/ Environmental Safety	84087.2(b)(1)	(1) Sand, woodchips, pea gravel or rubber mats commercially produced for this purpose, shall be permitted.	27	73.0
GH	Staffing/ Personnel Records	84064(e)(2)(A)	(A) Have a master's degree in a behavioral science from an accredited college or university, plus at least one year of administrative experience or supervisory experience over social work, child care, and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.	27	73.0

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Staffing/ Personnel Records	84065(e)	(e) In facilities with a licensed capacity of 13 or more children, one employee shall be designated by the administrator to have primary responsibility for planned activities, and shall be given assistance as necessary to ensure that all children participate in accordance with their needs, interests, and abilities.	27	73.0
GH	Operational Requirements	84079(d)	(d) In facilities with a licensed capacity of 13 or more children, a schedule of the planned activities shall be posted on at least a weekly basis in a central facility location readily accessible to children, relatives, and representatives of placement and referral agencies.	26	70.3

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
GH	Physical Plant/ Environmental Safety	80087(e)(1)	(1) Fences shall be at least five-feet high and shall be constructed so that the fence does not obscure the pool from view. The bottom and sides of the fence shall comply with Division 1, Appendix Chapter 4 of the 1994 Uniform Building Code. In addition to meeting all of the aforementioned requirements for fences, gates shall swing away from the pool, self-close and have a self-latching device located no more than six inches from the top of the gate. Pool covers shall be strong enough to completely support the weight of an adult and shall be placed on the pool and locked while the pool is not in use.	26	70.3
GH	Physical Plant/ Environmental Safety	84087(b)(3)(A)	(A) A minor parent may share a bedroom with the minor parent's child of the opposite sex.	26	70.3
GH	Staffing/ Personnel Records	84065(d)(3)(B)	(B) Facility managers only working in group homes that care for children under the age of six years governed by Title 22, Division 6, Chapter 5, Subchapter 2, who have completed the training required by Sections 84265(c) and (h) are exempt from the training required in Sections 84065(i) and (j).	26	70.3
STRTP	Physical Plant/ Environmental Safety	80087(g)(2)	(2) In lieu of locked storage of firearms, the licensee may use trigger locks or remove the firing pin.	19	95.0

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
STRTP	Physical Plant/ Environmental Safety	80087(g)(2)(A)	(A) Firing pins shall be stored and locked separately from firearms.	19	95.0
STRTP	Physical Plant/ Environmental Safety	80087(g)(3)	(3) Ammunition shall be stored and locked separately from firearms.	19	95.0
STRTP	Physical Plant/ Environmental Safety	87095.23(a)(4)	(4) Protective separation rooms must be safe and free of hazards such as objects or fixtures which can be broken or used by a child to inflict injury to self or others.	19	95.0
STRTP	Physical Plant/ Environmental Safety	87087(b)(3)(B)	(B) Each child is under five years of age, or	18	90.0
STRTP	Physical Plant/ Environmental Safety	87088(e)(2)	(2) All facilities having separate floors and not providing full-time staff on each floor whenever children are present.	18	90.0
STRTP	Physical Plant/ Environmental Safety	87095.23(a)(1)	(1) No protective separation room may be used for another purpose, e.g. bedroom, bathroom, storage.	18	90.0
STRTP	Physical Plant/ Environmental Safety	87095.23(a)(2)	(2) No protective separation room may be used without a fire clearance from the local fire authority.	18	90.0
STRTP	Physical Plant/ Environmental Safety	87095.23(a)(3)	(3) No protective separation room may be used without prior inspection and approval by the Department.	18	90.0
STRTP	Physical Plant/ Environmental Safety	87087(b)(3)(A)	(A) A minor parent is sharing a bedroom with the minor parent's child of the opposite sex.	17	85.0

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
STRTP	Physical Plant/ Environmental Safety	87087(b)(7)(A)	(A) Staff bedrooms are to be located near the children's sleeping area.	17	85.0
STRTP	Physical Plant/ Environmental Safety	87088(e)(1)	(1) All facilities with a licensed capacity of 31 or more children.	17	85.0
STRTP	Physical Plant/ Environmental Safety	87088(e)(3)	(3) All facilities having separate buildings and not providing full-time staff in each building whenever children are present.	17	85.0
STRTP	Physical Plant/ Environmental Safety	87088(g)	(g) Facilities having more than one wing, floor or building shall be allowed to have a separate signal system in each component provided that each such system meets the requirements specified in (e) above.	17	85.0
STRTP	Physical Plant/ Environmental Safety	80087(e)(2)	(2) Where an above-ground pool structure is used as the fence or where the fence is mounted on top of the pool structure, the pool shall be made inaccessible when not in use by removing or making the ladder inaccessible or erecting a barricade to prevent access to decking. If a barricade is used, the barricade shall meet the requirements of Section 80087(e)(1).	16	80.0
STRTP	Physical Plant/ Environmental Safety	87087(b)(7)	(7) Private bedrooms, separate from the children's bedrooms shall be provided for staff or other adults who sleep at the facility.	16	80.0

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
STRTP	Physical Plant/ Environmental Safety	87088(f)	(f) The signal system shall have the ability to meet the following requirements:	16	80.0
STRTP	Physical Plant/ Environmental Safety	87088(f)(1)	(1) Operation from each children's living unit.	16	80.0
STRTP	Physical Plant/ Environmental Safety	87088(f)(2)	(2) Transmission of a visual and/or auditory signal to a central location, or production of an auditory signal at the specific children's living unit which is loud enough to summon staff.	16	80.0
STRTP	Physical Plant/ Environmental Safety	87088(f)(3)	(3) Identification of the specific children's living unit from which the signal originates.	16	80.0
STRTP	Physical Plant/ Environmental Safety	87095.23(a)	(a) In addition to Section 87095.22, any licensee with an approved emergency intervention plan which includes the use of a protective separation room, must comply with the following requirements:	16	80.0
STRTP	Staffing/ Personnel Records	80066(b)(3)	(3) For volunteers that are required to be fingerprinted pursuant to Section 80019:	16	80.0
STRTP	Staffing/ Personnel Records	80066(b)(3)(A)	(A) A signed statement regarding their criminal record history as required by Section 80019(d).	15	75.0
STRTP	Staffing/ Personnel Records	80066(b)(3)(B)	(B) Documentation of either a criminal record clearance or exemption as required by Section 80019(e).	15	75.0

Tool	Domain	Regulation / Statute Code	Regulation / Statute Language	Frequency of N/A Rating	Percent of Inspections with N/A Rating
STRTP	Physical Plant/ Environmental Safety	80087(e)(1)(A)	(A) If licensed prior to June 1, 1995, facilities with existing pool fencing shall be exempt from the fence requirements specified in Section 80087(e)(1) until such fence is replaced or structurally altered. If the licensee replaces or alters the fence, it shall be required to meet the fence requirements specified in Section 80087(e)(1).	14	70.0
STRTP	Physical Plant/ Environmental Safety	80087(f)	(f) All in-ground pools, and above-ground pools which cannot be emptied after each use shall have an operative pump and filtering system.	14	70.0
STRTP	Physical Plant/ Environmental Safety	87087.2(b)	(b) As a condition of licensure, the areas around and under high climbing equipment, swings, slides and other similar equipment shall be cushioned with material which absorbs falls.	14	70.0
STRTP	Physical Plant/ Environmental Safety	87087.2(b)(1)	(1) Sand, woodchips, pea gravel or rubber mats commercially produced for this purpose, shall be permitted.	14	70.0
STRTP	Staffing/ Personnel Records	80065(g)(3)	(3) The good physical health of each volunteer who works in the facility shall be verified by:	14	70.0
STRTP	Staffing/ Personnel Records	80065(g)(3)(A)	(A) A statement signed by each volunteer affirming that he/she is in good health.	14	70.0

B. Challenges

Time Spent During Inspections

Key Point: A majority of LPAs thought that time spent during pilot inspections was too long. Median inspection time across all tools was 7.25 hours.

Time was a significant challenge LPAs faced in the field with the new tools. This is not unexpected, as they were learning a new inspection process, new software, and new hardware. In addition, all inspections completed during the pilot phase were comprehensive inspections. The LPA post-inspection survey specifically addressed efficiency. Table 18, below, presents data on LPA perceptions of time spent in the pilot inspections.

Table 18. LPA Perceptions of Time Spent on Pilot Inspections as Compared to KIT Inspections
Compared to previous comprehensive inspections you've performed, do you feel that the new inspection tool took a reasonable length of time to complete?

The inspection process was:	Number of Responses	Raw Percent	Number of Inspectors	Standardized Percent
Definitely too long	28	29.17%	7/10	32.37%
Somewhat too long	46	47.92%	9/10	47.58%
Adequate	22	22.92%	6/10	20.05%
Somewhat too short	0	0.00%	0/10	0.00%
Definitely too short	0	0.00%	0/10	0.00%
TOTAL	96	100.01%		100.00%

(LPAs completed the survey multiple times; thus, the Raw Percent column indicates how many times a response was given out of all completed surveys. The Standardized Percent column presents weighted data which illustrates the percent of inspectors who responded in a particular way).

This question was answered 96 times, which is every time an LPA took the survey, as indicated by the sum in the second column. As column five (Standardized Percent), shows, 79.95% of the LPAs tended to think that the inspection process was either "somewhat too long" or "definitely too long." In other words, about 80% of the LPAs who participated in the pilot found the inspection process too lengthy. However, this is an anticipated finding as there were many more requirements checked with the pilot tool than during previous inspection procedures.

Time spent in the tool was recorded with a self-report measure in which LPAs were asked to record the time they began the inspection and the time they completed the inspection. Overall, 72.6% of inspections were completed in a single day, and 27.4% of inspections took more than one day. There

were 32 inspections that took 2 days to complete and two inspections that took 3 days to complete. Table 19, below, provides a summary of the median time spent inspecting facilities with each tool, computed by the difference between the self-reported start time and end time for the inspection. Numbers are provided in hours, so 1 is 1 hour, and .5 is one-half hour. The median is used instead of the average because it is less sensitive to skewness and outliers in the data, and reflects the point at which 50% of LPAs completed the inspection. For comparison's sake, the values in the fifth column are the length of time at which 90% of LPAs completed their inspections. In other words, for the FFA tool, during the pilot, 50% of LPAs completed the inspection with 7.75 hours. After 15.65 hours, 90% of FFA inspections were complete; 10% of inspections took longer than 15.65 hours.

Overall, median values across tools indicate that inspections typically took from approximately 4 to 8 hours and there were no strong trends based on size of facility. The 90th percentile values indicate that some inspections took up to about 2 times as long. Column 2 of Table 19 provides the number of multi-day visits for each facility type. Column 3 provides the percent of visits for a particular facility type that were multi-day visits. STRTP had the highest percent of multi-day inspections. We expect length of inspections to decrease for three reasons: 1) soft-launch inspection tools will have less regulations on them; 2) all pilot inspections were comprehensive inspections and new tools will have a triggering process meaning standard inspections will be shorter; 3) LPAs will become more familiar with the tool.

Table 19. Median Self-Reported Time Spent (Hours) Conducting the Inspections
Median Self-Reported Time Spent (Hours) Conducting the Inspections

Tool	Number of Multi-Day Visits	Percent of Multi-Day Visits	Median	90th Percentile
FFA Tool	11	36.67%	7.75	15.65
GH Tool	11	29.73%	7.58	16.05
SFH Tool	0	0.00%	4.33	7.64
STRTP Tool	10	50.00%	8.54	14.53
THPP Tool	2	13.33%	4.50	7.87
TOTAL	34	27.42%	7.25	14.17

Effort: LPA Perceptions

Key Point: A majority of LPAs thought they extended more effort conducting inspections during the pilot.

Table 20. LPA Perceptions of Effort During Pilot Inspections
Compared to previous comprehensive inspections you've performed, did the new inspection tool result in a lower or greater level of effort on your part?

Level of effort:	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Much greater	34	35.42%	7/10	28.96%
Somewhat greater	55	57.29%	10/10	63.98%
About the same	7	7.29%	4/10	7.07%
Somewhat lower	0	0.00%	0/10	0.00%
Much lower	0	0.00%	0/10	0.00%
TOTAL	96	100.00%		100.00%

Table 20, above, demonstrates that 92.94% of LPAs who participated in the pilot thought the new inspection tool resulted in a "much greater" or "somewhat" greater level of effort than previous comprehensive inspections. While 7.04% of the LPAs found themselves extending the same level of effort as previous comprehensive inspections, none of the pilot LPAs thought the new tool lowered their effort during inspections. Given that LPAs were learning how to use new software, new hardware, and learning a new inspection processes during the pilot, it was somewhat expected that LPAS would extend more effort during the pilot. It will be informative to see how this changes as LPAs continue to adjust to the new tools.

Efficiency: LPA Perceptions

Key Point: About 65% of the pilot LPAs found the new inspection tool efficient.

Table 21. LPA Perceptions of Efficiency of the New Inspection Tool
Compared to previous inspection methods, how would you rate the efficiency of the new inspection tool (e.g., your ability to complete the inspection with the least waste of time or effort)?

Response Options	Number of Responses	Raw Percent	Number of Inspectors	Standardized Percent
Very efficient	36	37.50%	5/10	26.56%
Somewhat efficient	45	46.88%	7/10	38.79%
No change/About the same	4	4.17%	3/10	3.70%
Not very efficient	9	9.38%	4/10	28.10%
Not at all efficient	2	2.08%	1/10	2.86%
TOTAL	96	100.01%		100.00%

When rating the efficiency of the new tool as compared to previous inspection methods, 30.96% of LPAs rated the new tool as "not very efficient" or "not at all efficient." This could be due to the tool performing differently at different facility types; focus group data indicated that many LPAs struggled with the tool in FFA facilities (In the pilot, FFA facilities had 526 requirements related to records, significantly more than any other facility type). However, it is promising that the Standardized Percent column indicates that over half the LPAs, 65.35%, found the inspection tool "very efficient" or "somewhat efficient." This is an encouraging finding as there is a learning curve with the new tool software and hardware; it is likely that LPA perceptions of efficiency may increase as they become more accustomed to the new tools.

Another way we explored efficiency in the survey was by looking at the ease/difficulty of more specific aspects of the inspection process. Table 22, below, examines LPA responses to inspection flow.

Table 22. LPA Ratings of the Inspection Flow
Please rate the ease-of-use and/or difficulty of each aspect of the inspection process listed below

Inspection flow was:	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very easy	19	20.00%	6/10	17.61%
Somewhat easy	53	55.79%	6/10	40.67%
Somewhat difficult	20	21.05%	6/10	38.48%
Very difficult	3	3.16%	2/10	3.25%
Not applicable	0	0.00%	0/10	0.00%
TOTAL	95	100.00%		100.00%

As Table 22 shows, 58.28% of the LPAs found the inspection flow "very easy" or "somewhat easy" while 41.73% found the inspection flow "somewhat difficult" or "very difficult." Concerns about flow and efficiency can be further addressed in SME workgroups.

Although about 41.73% of the LPAs experienced some difficulties with inspection flow, as Table 22, above, reflects, Table 23, below, shows that 100% of the LPAs found the domain sequencing easy to use. This indicates further investigation in workgroups, as it suggests domain sequencing is not correlated to difficulty with inspection flow.

Table 23. LPA Ratings of the Sequencing of Domains
Please rate the ease-of-use and/or difficulty of each aspect of the inspection process listed below

The sequencing of domains was:	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very easy	64	66.67%	9/10	64.64%
Somewhat easy	32	33.33%	6/10	35.36%
Somewhat difficult	0	0.00%	0/10	0.00%
Very difficult	0	0.00%	0/10	0.00%
Not applicable	0	0.00%	0/10	0.00%
TOTAL	96	100.00%		100.00%

Furthermore, as Table 24, below, suggests 100% of LPAs found navigating through the inspection tool on the tablet "very easy" or "somewhat easy." This indicates further investigation in workgroups, as it suggests navigating the tool on the tablet is not correlated to difficulty with inspection flow.

Table 24. LPA Ratings of Navigation Through the Inspection Tool on the Tablet
Please rate the ease-of-use and/or difficulty of each aspect of the inspection process listed below

Navigation through the inspection tool on the tablet was:	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very easy	64	66.67%	9/10	64.64%
Somewhat easy	32	33.33%	6/10	35.36%
Somewhat difficult	0	0.00%	0/10	0.00%
Very difficult	0	0.00%	0/10	0.00%
Not applicable	0	0.00%	0/10	0.00%
TOTAL	96	100.00%		100.00%

Efficiency: Licensee Perceptions

Key Point: Licensees thought the new inspection process took longer and increased their effort during inspections.

Licensees also responded to questions related to the efficiency of the inspection process. When asked about their level of engagement in assisting LPAs in completing the inspection, and if this revised inspection process result in a lower or greater level of effort on their part, licensees responded as indicated in Table 25, below.

Table 25. Licensee Perceptions of Effort Expended Assisting LPAs During Inspections
In terms of your level of engagement in assisting the LPA complete the inspection, did the revised inspection process result in a lower or greater level of effort on your part compared to previous inspections?

Response Options	Percent	Frequency
Much lower effort	1.96%	1
Somewhat lower effort	1.96%	1
About the same	21.57%	11
Somewhat greater effort	35.29%	18
Much greater effort	39.22%	20
TOTAL	100.00%	51

Table 26. Licensee Perceptions of Length of Time Taken to Complete Inspections
Do you feel that the revised inspection process took a reasonable length of time to complete compared to previous inspections?

Response Options	Percent	Frequency
Much too short	0.00%	0
A little too short	0.00%	0
Adequate	41.81%	21
A little too long	31.37%	16
Much too long	27.45%	14
TOTAL	100.00%	51

Examining Tables 25 and 26 together, we see from Table 25 that responses indicate that a majority of licensees, 74.51%, felt they put "somewhat greater effort" or "much greater effort" into the inspection process compared to previous inspections. As Table 26 indicates, over half the licensees, 58.82%, thought inspections were either "a little too long" or "much too long." Yet, despite licensees reporting that they thought the new inspection process called for greater effort on their part and took longer to complete, as Table 8 indicates, in Section III: Consistency, 86.28% found the inspection process helpful.

C. Analysis of Open-Ended Efficiency Data

Promising Results

Key Point: LPAs believe that having requirement text immediately available improves inspection efficiency.

As indicated by their responses to the ranked choice survey question, LPAs felt the new inspection was not as efficient as previous inspections. However, one area that LPAs seemed to be pleased with was the auto-population feature. This feature was noted multiple times in focus groups and on the survey as a way the tool increases efficiency. As one LPA explained in a focus group conversation "I think where you're getting the efficiency is in the citations… rather than having the individual [LPA] look through the requirements to make sure they're finding the right language it's auto populating."

Additionally, 5 LPAs agreed that having the text of requirements immediately available helped improve efficiency because they no longer had to spend time searching for requirements. Further, during focus group conversations about inspection flow and efficiency, LPAs pointed out that as they became more familiar with the tool, their inspection speed also increased, suggesting that efficiency will improve the more LPAs use the tool. As one explained "towards the end I was doing it [an inspection] in a day because you get more comfortable with the tool." Finally, an LPA also suggested

that although the inspections take more time initially, because they are thorough it might help improve efficiency because "in the long run, it might save us going out to the facility more often."

Challenges

Key Point: Redundancies are a concern and more research needs to be done to distinguish between actual redundancies and perceived redundancies.

All three focus groups expressed concerns with redundancy as one of the biggest hindrances to efficiency. While they were for the most part unable to point to specific requirements, a few mentioned redundancies in the Group Home tool in the Physical Plant domain. Focus group conversations revealed SME impressions that redundancies were the result of various issues. In some cases, LPAs explained, there is a general requirement as well as specific minors and non-minor dependent requirements, all three of which address the same issue and have very similar language. In other cases, one requirement might require the presence of a particular form while another requirement requires that the specific form be filled out and signed. As one SME said, "You're looking at admission agreement and then again you're looking at it in client records." While the requirement itself is different, they had the impression of redundancy because they were returning to the form multiple times.

Additionally, there were requirements that LPAs did not believe were necessary on the tool. One focus group suggested that the FFA tool had many requirements that were not necessary, including some in the Resource Family Records domain that were only definitions. In one focus group, three of the participants suggested removing low-risk requirements that are difficult to verify or required the LPA to rely on the veracity of the facility staff – although other group members argued that it was useful to have a conversation about these requirements with facility staff, even if they couldn't be verified with certainty.

Requirement order, and the resulting impact on inspection flow, is another significant concern that was mentioned on several occasions by all three focus groups. Requirement order was also a concern mentioned by at least 7 LPAs in their responses to the open-ended questions on the survey. As one LPA explained, "going back and forth, that was time consuming." All three focus groups concluded that the Physical Plant domain was the most problematic domain and suggested that requirements dealing with a specific area of the facility be grouped together. "I remember going from the kitchen to outside and back into the kitchen" one LPA explained. Another concluded "Physical Plant should not jump from one area to another." Importantly, while discussing this issue two of the focus groups concluded that this requirement order issue contributed to the impression of redundancy in the tool. Comments included:

- "What you're looking at isn't necessarily grouped – you feel like you're constantly going back to it."

- "Group requirements according to what you are looking for. Ex: Needs and Service plan information should all be together regardless of the domain"
- "Group forms and form requirements so you aren't just checking they have the form but also the contents of the form."
- "Some requirements are not clear; they reference a different requirement which then you have to look up to be able to answer the question."

Another challenge discussed by a focus group of 5 LPAs, when asked about the efficiency of the process, was the file review process at large facilities. These LPAs said the policy guidelines lead to a lengthy process: "the requirement to review 10 staff and 10 clients is a lot to complete… definitely not capable of doing [it] in one day." One LPA explained that their office had even brought in additional LPAs to assist in the review. Another expressed concern that it was time consuming "to duplicate efforts such as doing client and staff file reviews in FAS then having to look for the same items in the tool." Other LPAs noted that reviewing files that facilities store electronically can take significant amounts of time – one LPA described a time when they were given a computer with all the files and had to spend significant amounts of time scrolling through lengthy documents searching for what was needed.

Focus Group Suggestions

In addition to grouping requirements and removing redundant requirements, LPAs offered suggestions to help improve efficiency, including:

- Adding more gateway questions, for example a 'volunteer' gateway that would remove requirements pertaining to volunteers if the facility did not have volunteers. A gateway in the FFA tool asking if the facility had certified homes was also suggested.
- Removing pre-licensure requirements or creating a pre-licensure domain. For example, one group explained that they believed they do not need to check if the facility has an intake procedure, something required for licensure, but should check if the facility is following the procedure.
- All three focus groups suggested grouping all medications-related requirements together, either in one domain, or in a separate medication domain.
- Most LPAs reported having issues with their stylus that made it inoperable at some point during the inspection. Three LPAs pointed out that losing use of the stylus slowed down the inspection as they had to put the tablet down when they needed to type.

Licensee Challenges

Key Point: Some licensees found the new inspection process challenging.

The length of the inspections was the most common source of concern among licensees. For many, the issue seems to be that the length of the inspection "requires staff time that is unexpected and often creates reorganization of schedules." As two other licensees pointed out, this process can take "needed staff away from their daily duties," which "directly impacts the services an agency is able to provide." To speed up the process another licensee suggested that "it would have been helpful, however, to have had a copy of the inspection tool so we could have better prepared. This might have reduced the time required to complete the inspection process."

Another concern voiced by licensees was that "some items were not clear on the checklist." A sentiment echoed by another who said that "some of the information conflicts with information that we are being given by other LPAs at our other sites so we have not found consistent answers to important questions." As the new tool is introduced, this conflict between what licensees were told previously, and what is required because of the new tool may continue to be a challenge, as noted by a licensee who had issues identified "that our previous LPA had never discussed or pointed out as potential issues." As noted by some LPAs, licensees may need guidance around how to demonstrate compliance with requirements that are difficult to verify, as noted by a licensee who said "in requesting information from social workers, it appeared that documenting those efforts (i.e. email, fax, phone calls) would not be enough in the future." The lack of clarity around how to verify some requirements may also be the basis for this licensee's comment: "Analysts were not always clear in regards to what they were looking [for]. They seemed a little disorganized."

There were also concerns about whether the requirements being checked applied to the licensee's facility: "many of the requirements were not applicable to our type of facility (an office where no children are cared for)." Another licensee seemed unclear about which requirements applied to their facility, saying that "there were some advisory notes/suggestions that we could not find in the ILS version 3. Would love to have specific requirement quoted when advisory is issued." A third felt similarly, noting that "most of the technical violations did not seem accurate in regards to THPP." Finally, one LPA was concerned because "the wording of county documents is different to documents FFA used in lieu of."

There were also some licensees who were unhappy with the experience, including their interaction with the LPAs.

- "The questions asked were often misleading and appeared to be intended to "catch" the provider answering incorrectly or doing something wrong. The wording of such questions was a bit unsettling. A lot of questions seemed to be created by individuals not all that familiar with actual facilities/providers."

- "Revisions causing unnecessary amount of work and more work which takes away from the real work that needs to be done to rehabilitate youth. Based on the mindset behind new requirements, it is clear there is no clear answer on how these things should be implemented, which puts the youth at risk."
- "The LPA was adversarial and difficult to work with, and at times, rude."
- "The LPA who took charge (there were 2 but one was clearly the lead) was aggressive and took on a scolding nature."

VI. Prevention

CCLD utilizes a notice of deficiency and/or an advisory note to document violations and/or assistance provided to a licensee at the time of a facility inspection. A notice of deficiency contains Type A and Type B citations, which are violations of licensing requirements that pose an immediate or potential risk to the health, safety or personal rights of a minor/non-minor dependent in care. An advisory note contains Technical Violations (TV) and Technical Assistance (TA) to notate when noncompliance of a regulatory requirement was minor and was corrected during a visit and/or to share an industry best practice with a licensee. TAs and TVs are designed to instruct and educate licensees to improve compliance with licensing requirements, and thus, to prevent violations of such requirements. This structure was programmed into the pilot tools and allowed for all citations and advisories to be individually recorded and tracked.

A. Promising Results

Table 27, on the following page, lists the requirements that were most frequently given a TV advisory note. For this table, we list any requirement that was given a TV 3 or more times, or 2 or more times if 2 was the largest count (as is the case for the SFH tool).

Table 27. Requirements Most Frequently Rated as TV for Each Tool

Tool	Domain	Requirement	Frequency of TV Rating
FFA	Staffing/Personnel Records	88065(a)(7)(A)	6
	Physical Plant/Environmental Safety	80075(g)(1)(G)	5
	Client Records	88068.2(a)(5)	5
	Physical Plant/Environmental Safety	88209(c)	4
	Client Records	88070(a)(1)(G)	4
	Client Records	80069(c)(4)	4
	Operational Requirements	80071(a)(1)(A)	4
	Client Records	80069(c)(1)	3
	Resource Family Records	88331.7(g)	3
	Client Records	88070(a)(1)(F)	3
	Staffing/Personnel Records	80066(a)(8)	3
	Operational Requirements	80071(a)(1)	3
	Physical Plant/Environmental Safety	80088(f)(1)	3
FFA	Client Records	88068.2(a)(7)	3
	Client Records	88070(a)(1)(L)	3
	Operational Requirements	88223(c)(2)	3
	Resource Family Records	88331.2(a)(2)(A)	3
GH	Staffing/Personnel Records	84065(i)(2)(B)(2)	3
	Operational Requirements	80071(a)(1)(A)	3
	Operational Requirements	84063(a)(10)	3
	Client Records	84070(c)(2)	3
	Operational Requirements	80071(a)(1)(B)	3
	Operational Requirements	80071(a)(1)	3
	Operational Requirements	80071(a)(1)(C)	3
	Client Records	84068.2(b)(4)	3
	Client Records	84068.2(b)(5)	3
	Physical Plant/Environmental Safety	84072.2(a)(3)	3
SFH	Operational Requirements	80023(d)(2)	2
	Operational Requirements	80023(a)	2
STRTP	Client Records	87087(e)	3
	Core/Therapeutic Treatment Services	87079(e)(1)	3

Tool	Domain	Requirement	Frequency of TV Rating
STRTP	Operational Requirements	80071(a)(1)	3
	Staffing/Personnel Records	87065.1(c)(1)(C)(4)	3
THPP	Client Records	80069(a)	7
	Client Records	80069(c)(4)	6
	Client Records	80069(c)(1)	5
	Client Records	80069(c)	5
	Client Records	80069(c)(2)	5
	Client Records	80069(c)(3)	5
	Client Records	86068.2(a)(7)	5
	Client Records	80069(a)(1)	4
	Client Records	80070(b)(8)	4
	Client Records	86070(b)(5)	4
	Client Records	86168.3(f)	4
	Client Records	86170(b)(2)(B)(1)	4
	Client Records	80069(c)(5)	3
THPP	Operational Requirements	80071(a)(1)(A)	3
	Operational Requirements	80071(a)(1)(B)	3
	Operational Requirements	80071(a)(1)(D)	3
	Staffing/Personnel Records	86066(a)(1)(C)	3
	Client Records	86068.2(a)(13)	3
	Client Records	86068.2(a)(8)	3
	Client Records	86070(b)(4)	3
	Client Records	86070(b)(7)	3

Table 28, on the following page, lists the requirements that were most frequently given a TA note. There were relatively few TA notes; for this table we list any requirement that was given a TA 2 or more times. The THPP tool had no reported TA advisory notes.

Table 28. Requirements Most Frequently Rated as TA for Each Tool

Tool	Domain	Requirement	Frequency of TV Rating
FFA	Operational Requirements	88263.1(c)(2)(C)	3
	Operational Requirements	88223(b)	3
	Staffing/Personnel Records	88066(a)(1)(C)	2
	Physical Plant/Environmental Safety	80075(g)(1)(F)	2
GH	Client Records	80069(c)(1)	4
	Physical Plant/Environmental Safety	80088(f)	3
	Client Records	84087(e)	2
	Physical Plant/Environmental Safety	80087(a)	2
	Physical Plant/Environmental Safety	84009(a)	2
	Emergency Intervention Plan	84365(d)(1)(B)	2
	Physical Plant/Environmental Safety	80075(g)(1)(H)	2
	Physical Plant/Environmental Safety	80087(b)(1)	2
SFH	Operational Requirements	80023(a)	2
STRTP	Client Records	87068.2(g)(1)	2
	Operational Requirements	80071(a)(1)(A)	2
	Operational Requirements	80071(a)(1)(D)	2
THPP		--	--

VII. Compliance

A. Frequency of Compliance and Types of Deficiency by Tool and Domain

Table 29, on the following page, provides a breakdown of the percentage of times that requirements, when rated, were rated as in compliance (yes), not in compliance (no), or not applicable (n/a). This table includes all the requirements in each domain to get an overall indication of where noncompliance tends to be most often found.

Table 29. Percentage of Times Requirements in Each Domain Were Rated as In Compliance, Not In Compliance, or Not Applicable

Tool	Domain	YES	NO	N/A
FFA Tool	Certified Family Home Records	42.2%	0.2%	57.6%
	Client Records	61.5%	4.4%	34.1%
	Clients with Special Health Care Needs	5.7%	0.0%	94.3%
	Core-Therapeutic Services	76.2%	0.7%	23.1%
	Operational Requirements	78.2%	11.5%	10.2%
	Physical Plant/Environmental Safety	78.3%	3.2%	18.4%
	Resource Family Portability Records	29.1%	0.0%	70.9%
	Resource Family Records	80.2%	1.4%	18.4%
	Staffing/Personnel Records	72.4%	2.5%	25.2%
	TOTAL	63.7%	2.9%	33.4%
GH Tool	Client Records	66.2%	2.2%	31.5%
	Clients with Special Health Care Needs	4.3%	0.0%	95.7%
	Emergency Intervention Plan	40.3%	5.7%	53.9%
	Operational Requirements	80.8%	4.0%	15.2%
	Physical Plant/Environmental Safety	60.1%	1.7%	38.2%
	Staffing/Personnel Records	70.1%	4.3%	25.6%
	TOTAL	58.4%	2.5%	39.2%
SFH Tool	Client Records	56.3%	0.4%	43.3%
	Clients with Special Health Care Needs	24.7%	0.0%	75.3%
	Operational Requirements	68.0%	3.0%	29.0%
	Physical Plant/Environmental Safety	63.0%	0.4%	36.6%
	Staffing/Personnel Records	60.0%	0.5%	39.5%
	TOTAL	58.3%	0.7%	41.0%
STRTP Tool	Client Records	74.3%	2.9%	22.8%
	Clients with Special Health Care Needs	0.0%	0.0%	100.0%
	Core-Therapeutic Services	91.6%	2.0%	6.4%
	Emergency Intervention Plan	78.9%	3.8%	17.3%
	Operational Requirements	90.6%	5.7%	3.7%
	Physical Plant/Environmental Safety	75.4%	1.1%	23.5%
	Staffing/Personnel Records	81.0%	1.8%	17.2%
	TOTAL	76.6%	2.3%	21.2%

Tool	Domain	YES	NO	N/A
THPP Tool	Client Records	36.4%	15.2%	48.4%
	Operational Requirements	79.9%	6.5%	13.6%
	Physical Plant/Environmental Safety	83.3%	0.7%	16.0%
	Staffing/Personnel Records	66.7%	4.2%	29.1%
	TOTAL	58.2%	8.6%	33.1%

Frequency of Compliance with N/A Ratings Excluded

Due to the fact that there were many N/A recordings in the tools, compliance was also calculated excluding the N/A ratings. In the following table, the percent of Yes and No ratings is calculated excluding N/A ratings and blanks. This exclusion reveals a clearer picture of compliance and noncompliance on relevant or actual rated requirements. On the STRTP Tool, the Clients with Special Health Care Needs domain could not be calculated because all ratings on this domain were N/A. Overall, this table indicates that for requirements that were rated (and not N/A or left blank), compliance is quite high. However, there are a small number of domains in which compliance needs improvement. For example, as Table 30 shows below, on the THPP tool the Client Records domain had only 70.5% compliance.

Table 30. Percentage of Times Requirements in Each Domain Were Rated as In Compliance or Not In Compliance with N/A Ratings Excluded

Tool	Domain	YES	NO
FFA Tool	Certified Family Home Records	99.5%	0.5%
	Client Records	93.4%	6.6%
	Clients with Special Health Care Needs	100.0%	0.0%
	Core-Therapeutic Services	99.1%	0.9%
	Operational Requirements	87.1%	12.9%
	Physical Plant/Environmental Safety	96.0%	4.0%
	Resource Family Portability Records	98.3%	1.7%
	Resource Family Records	100.0%	0.0%
	Staffing/Personnel Records	96.7%	3.3%
	TOTAL	95.7%	4.3%
GH Tool	Client Records	96.7%	3.3%
	Clients with Special Health Care Needs	99.1%	0.9%
	Emergency Intervention Plan	87.6%	12.4%
	Operational Requirements	95.3%	4.7%

Tool	Domain	YES	NO
GH Tool	Physical Plant/Environmental Safety	97.3%	2.7%
	Staffing/Personnel Records	94.2%	5.8%
	TOTAL	95.9%	4.1%
SFH Tool	Client Records	99.4%	0.6%
	Clients with Special Health Care Needs	100.0%	0.0%
	Operational Requirements	95.7%	4.3%
	Physical Plant/Environmental Safety	99.4%	0.6%
	Staffing/Personnel Records	99.3%	0.7%
	TOTAL	98.8%	1.2%
STRTP Tool	Client Records	96.3%	3.7%
	Clients with Special Health Care Needs	---	---
	Core-Therapeutic Services	97.9%	2.1%
	Emergency Intervention Plan	95.4%	4.6%
	Operational Requirements	94.1%	5.9%
	Physical Plant/Environmental Safety	98.5%	1.5%
	Staffing/Personnel Records	97.9%	2.1%
	TOTAL	97.1%	2.9%
THPP Tool	Client Records	70.5%	29.5%
	Operational Requirements	92.5%	7.5%
	Physical Plant/Environmental Safety	99.1%	0.9%
	Staffing/Personnel Records	94.1%	5.9%
	TOTAL	87.1%	12.9%

Citations and Advisories

Table 31, on the following page, provides a count of the numbers of each deficiency/advisory type (Type A, Type B, TV, or TA) associated with each domain of each tool. Entries are sorted alphabetically by domain name. (A table with deficiencies and advisories listed by requirement is in Appendix E.)

Table 31. Number of Times That Non-Compliant Requirements in Each Domain Were Given Type A, Type B, TV, or TA Deficiencies

Tool	Domain	A	B	TV	TA
FFA Tool	Certified Family Home Records	0	1	0	0
	Client Records	1	25	116	0
	Clients with Special Health Care Needs	0	0	0	0
	Core-Therapeutic Services	0	1	0	1
	Operational Requirements	0	11	32	15
	Physical Plant/Environmental Safety	1	4	19	3
	Resource Family Portability Records	0	0	0	1
	Resource Family Records	0	6	41	8
	Staffing/Personnel Records	0	5	21	4
	TOTAL	2	53	229	32
GH Tool	Client Records	5	40	53	12
	Clients with Special Health Care Needs	0	0	0	0
	Emergency Intervention Plan	0	14	2	2
	Operational Requirements	0	8	29	9
	Physical Plant/Environmental Safety	12	32	27	26
	Staffing/Personnel Records	6	49	30	18
	TOTAL	23	143	141	67
SFH Tool	Client Records	1	3	2	1
	Clients with Special Health Care Needs	0	0	0	0
	Operational Requirements	0	8	6	5
	Physical Plant/Environmental Safety	3	6	0	0
	Staffing/Personnel Records	0	5	2	11
	TOTAL	4	22	10	17
STRTP Tool	Client Records	0	20	25	4
	Clients with Special Health Care Needs	0	0	0	0
	Core-Therapeutic Services	0	2	4	1
	Emergency Intervention Plan	0	1	6	1
STRTP Tool	Operational Requirements	0	4	10	9
	Physical Plant/Environmental Safety	4	8	9	5
	Staffing/Personnel Records	2	5	22	4
	TOTAL	6	40	76	24

Tool	Domain	A	B	TV	TA
THPP Tool	Client Records	1	6	161	0
	Operational Requirements	0	1	23	0
	Physical Plant/Environmental Safety	1	0	0	0
	Staffing/Personnel Records	1	2	33	0
	TOTAL	3	9	217	0
GRAND TOTAL		38	267	673	140

Table 32, below, lists the requirements that were given a Type A citation. There were very few Type A citations, thus all requirements with a Type A citation are listed with the exception of the Group Home Tool.

Table 32. Requirements with Type A Citations for Each Tool

Tool	Domain	Requirement	Frequency of Type A Rating
FFA	Physical Plant/Environmental Safety	80087(a)	1
	Client Records	88270(a)(4)	1
GH[13]	Physical Plant/Environmental Safety	80088(e)(1)	5
SFH	Physical Plant/Environmental Safety	80088(e)(1)	2
	Physical Plant	80075(k)(1)	1
	Client Records	80075(k)(5)	1
STRTP	Physical Plant/Environmental Safety	80088(e)(1)	2
	Staffing/Personnel Records	80019(e)(2)	2
	Physical Plant/Environmental Safety	80076(a)(14)	1
	Physical Plant/Environmental Safety	80087(a)	1
THPP	Client Records	80069(c)(1)	1
	Physical Plant/Environmental Safety	80010(a)	1
	Staffing/Personnel Records	80066(a)(6)	1

[13] In the Group Home tool, there were 18 additional requirements that each had a single Type A citation in the pilot study. These are not listed because they are not the 'most frequent' for that specific tool. Those are the only additional Type A citations in that tool.

Table 33, below, lists the requirements that were most frequently given a Type B citation; except for the THPP tool, in which all of the Type B citations are listed. There were many more Type B citations than Type A. The count of the most frequent depends on the tool.

Table 33. Requirements Most Frequently Cited as B for Each Tool

Tool	Domain	Requirement	Frequency of Type B Rating
FFA	Client Records	80069(c)(1)	3
	Operational Requirements	88223(b)	3
	Physical Plant/Environ Safety	88209(c)	2
	Resource Family Records	88331.7(g)	2
	Client Records	80070(b)(8)	2
	Client Records	88268.1(c)(2)	2
GH	Staffing/Personnel Records	84065(i)	5
	Staffing/Personnel Records	84065(i)(1)(D)	4
	Physical Plant/Environ Safety	80087(a)	4
	Emergency intervention Plan	84361(f)	4
SFH	Operational Requirements	80023(d)(2)	2
	Operational Requirements	80023(d)	2
	Physical Plant	80076(a)(5)	2
STRTP	Client Records	87070(b)(12)	4
	Client Records	87087(e)	2
	Client Records	87068.3(a)	2
	Client Records	80069(c)(1)	2
	Physical Plant/Environ Safety	80088(b)	2
THPP	Client Records	80069(a)	3
	Client Records	80069(c)(1)	1
	Client Records	86068.3(a)	1
	Client Records	80068.3(a)	1
	Operational Requirements	86030.5(a)	1
	Staffing/Personnel Records	80066(a)(10)	1
	Staffing/Personnel Records	86066(a)(1)	1

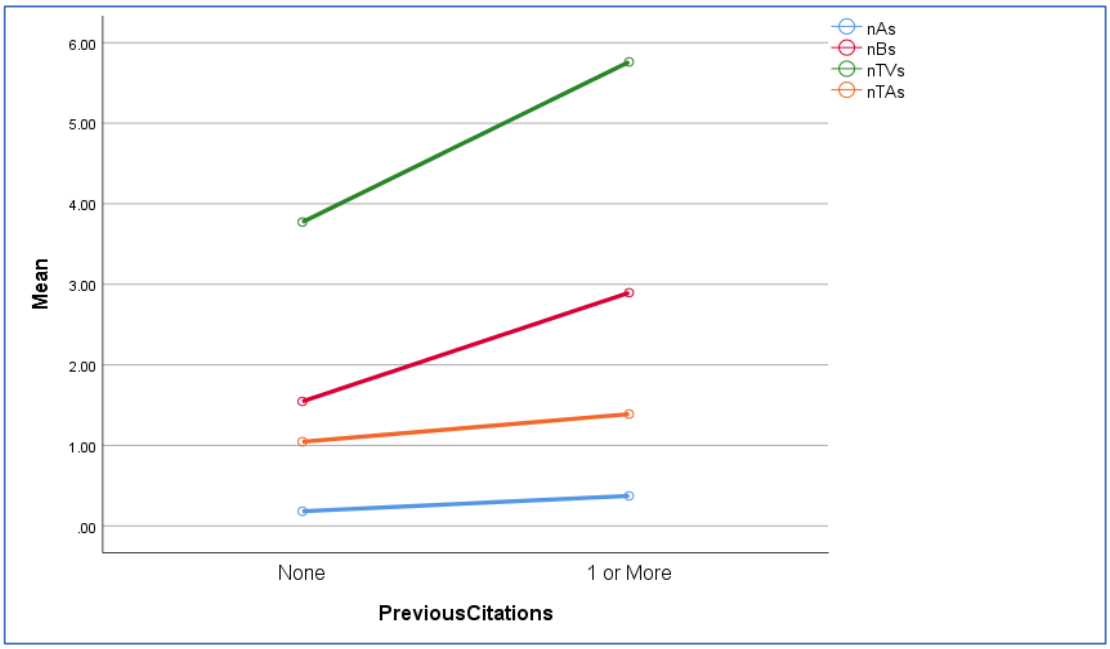
Comparison of Pilot Citation Rates for Facilities that were Previously Cited versus Not Cited

With respect to compliance, one other comparison was performed. Half of the facilities inspected in the pilot had zero violations in the two years prior to the pilot and half had one or more violations in the two years prior to the pilot. Table 34, below, lists the average number of Type A, Type B, Technical Violation (TV), and Technical Advisory (TA) citations/notes for facilities in the pilot that had no prior citations history, versus that were cited one or more times in the past (for facilities in which we had historical data). The differences were minimal for Type A citations and TAs, more pronounced for Type B citations, and fairly large for TVs. Figure 1, below, displays the trend in a graph.

Table 34. Average Numbers of Citations/Deficiencies in Pilot for Facilities Cited versus Not Cited Previously

Deficiency Type	No Prior Citation (N = 44)	One or More Prior Citations (N = 67)
A	0.18	0.37
B	1.55	2.90
TV	3.77	5.76
TA	1.05	1.39

Figure 1. Plot of Means for Citations/Deficiencies in Pilot for Facilities Cited Versus Not Cited Previously



B. Citation Counts Across Years

Table 35 below, displays the frequency counts and the average number of citations for the years 2016-2018 along with the pilot data.

Table 35. Citation Counts Across Years

Year	Type As	Type Bs	Total	Number of Facilities that Received a Citation	Total Number of Facilities Inspected	Average As	Average Bs	Average Total
2016	1855	3115	4970	1165	1490	1.24	2.09	3.34
2017	1561	2580	4141	1080	1806	0.86	1.43	2.29
2018	1304	2100	3404	974	2247	0.58	0.93	1.51
Pilot	38	267	305	65	124	0.31	2.15	2.46

Key Point: The average number of Type A citations has decreased over time, whereas the average number of Type B citations was noticeably higher in the pilot.

Columns two, three, and four of this table contain the actual frequency counts of Type A and Type B citations for the years 2016-2018 and the pilot. The last three columns present the average number of each citation type per facility. Thus, in 2016 the average number of Type A citations a single facility received was 1.24. In 2017 and 2018 the average number of A citations a facility received was 0.86 and 0.58, respectively. The average number Type A citations was also 0.31 for the pilot data. The average number of Type B citations for a single facility in 2016 was 2.09. In 2017 and 2018, the average number of Type B citations was decreased slightly. The average number of Type B citations in the pilot was 2.15, which is more than double the prior years' data. This is a marked increase. The increase in Type B citations could be due to the fact that more requirements are being inspected. It is important to note that these additional requirements that facilities are likely to be cited on are not requirements that present an immediate risk to health and safety (which would lead to a Type A citation). It is also important to note that in the Table 35, above, the facilities included in years 2016-2018 were only facilities that were inspected and received a Type A and/or Type B citation. It does not include facilities that were inspected in those years but did not receive a Type A or Type B citation. Column 5 provides the counts for all CRP facilities that received a citation in the given year, and column 6 provides the count of the total number of facilities inspected in that year. Thus, comparisons can be made to determine the relative difference between those two values. These values indicate that there are hundreds of facilities that are inspected each year that receive neither a Type A nor Type B citation.

Licensee Compliance and Enforcement

Key Point: Licensees tended to think both the LPAs and the new inspection process increased their understanding of CCLD requirements.

There were some licensee questions that addressed compliance and enforcement goals as well. It is encouraging to note that 64.71% the 51 licensees who completed the survey felt they had a somewhat or much greater level of understanding of the statute and requirement requirements. Table 36, below, provides responses related to their level of understanding of the requirements based on the new inspection process.

Table 36. Impact of inspection process on licensee's understanding of statutory and regulatory requirements
Do you feel that the revised inspection process left you with a greater level of understanding of the community care licensing statutory and regulatory requirements compared to previous inspections?

Response Options	Raw Percent	Frequency
A much greater level of understanding	21.57%	11
A somewhat greater level of understanding	43.14%	22
No change/About the same	33.33%	17
A somewhat lower level of understanding	0.00%	0
A much lower level of understanding	1.96%	1
TOTAL	100.00%	51

While a number of licensees wrote in the open-ended comments that they were not pleased with the new inspection process for various reasons, in the closed-ended questions, the vast majority of licensees, 88.24%, though LPAs communicated inspection findings "extremely well" or "quite well".

Table 37. Licensee perceptions of LPA's communication of inspection findings
How well did LPA communicate findings of inspection?

Response Options	Raw Percent	Frequency
Extremely well	62.75%	32
Quite well	25.49%	13
Somewhat well	11.76%	6
Not very well	0.00%	0
N/A	0.00%	0
TOTAL	100.00%	51

Table 38. LPA's perceptions of licensee's response to new inspections
How did the provider/licensee respond to the new inspection process?

Response Options	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very positive response	41	42.71%	8/10	42.82%
Somewhat positive response	38	39.58%	8/10	42.01%
No change/About the same	3	3.13%	2/10	2.97%
Somewhat negative response	14	14.58%	5/10	12.20%
Very negative response	0	0.00%	0/10	0.00%
TOTAL	96	100.00%		100.00%

In alignment with the licensee surveys, Table 38, above, demonstrates that LPAs perceived the licensees as have a "very positive response" or "somewhat positive response" to the new inspection process 84.83% of the time.

VIII. Recommendations

Key Point: Information obtained from the pilot provides specific directions for improvement of the inspection process.

Through the post-inspection survey and focus groups LPAs and LPMs offered multiple recommendations to improve the inspection tool and process. These recommendations were associated with adding, relocating, and removing content in the tool and forms and suggestions for training. Some suggestions were specific and feasible and could be acted on by CDSS/CCLD prior to revising the tools, while others will require consideration and action in program working groups. The section below provides an overview of suggestions to improve the tool provided by LPAs and LPMs (these solutions are explored in depth elsewhere in this report), as well as CSUS recommendations for ongoing tool validation.

A. Tool Content

LPAs and LPMs suggested adding two gateway questions to increase inspection efficiency: 1) a question asking if a facility had volunteers; 2) specific to the FFA tool, a gateway about certified homes.[14] Furthermore, LPAs/LPMs suggested adding a medication domain. Finally, LPAs/LPMs suggested adding a feature in FAS that allows them to select multiple bedrooms in large facilities.

[14] Gateway questions "pop up" as a broad yes/no question on the tool – if an LPA selects "no," then the tool automatically checks the "n/a" box for requirements that are not relevant. For example, if a facility has no non-

B. Tool Validation

In regard to the ongoing Continuous Quality Improvement (CQI) for CRP tool content and tool validation, CSUS suggests validating the requirements and statutes included in the tool through structured, consistent, planned analysis of the standard inspection tool. Following a longitudinal approach to data analysis and methods review, the frequency of Type A citations, Type B citations, Technical Violations (TVs), and Technical Advisories (TAs) for each requirement in the standard inspection tool should be analyzed a minimum of every six months. Document and track changes after six months of inspections and after one year. A frequency analysis will allow for examination of patterns and changes in citations over time.[15] After one year, this data should be analyzed once per year.

Manually cited requirements, which LPAs and LPMs add to 809D forms, should be examined every six months for a period of one year. Decisions by program and policy staff will need to be made regarding whether manually cited requirements should be added to the standard tool. Changes can be based on the data collected and judgment of subject matter experts. After one year, manually cited requirements should continue to be examined and reviewed once per year.

To validate the domain focused tools, a frequency analysis should be conducted through examining the frequency of Type A citations, Type B citations, TVs, and TAs for each requirement in the domain focused tools. This analysis should be split up for each domain focused tool. For the first year, every six months, we suggest analyzing frequencies of Type A, Type B, TV, and TA citations/advisories in the domain focused tools. Changes from one six-month time period to the next should be tracked for one year. Decisions will need to be made regarding whether requirements cited with the domain focused tools need to be moved to the standard tool. Thresholds for determining whether the degree of change is noteworthy can be made based on data collected and expert judgment.

IX. Identification of Key Indicators for Development of Revised Inspection Tools

The following section presents recommendations and an approach to identifying and selecting content to include in the updated CRP statewide tools.

minor dependents, the gateway question saves the LPA from selecting n/a for requirements referring to non-minor dependents.

[15] Frequency analysis entails counting amounts; in this case the analysis consists of a count of Type A, Type B, citations and TA and TV notes.

A. Correlational Analyses and Patterns of Co-Violations

Item-total correlations were calculated for each of requirement within a domain.[16] The purpose of this calculation was to examine the consistency between an individual requirement getting "flagged" with either a citation or advisory note and the rate of requirement flags for the rest of the domain, possibly allowing for identification of key indicators. Item-total correlations can range from -1 to +1, where a positive value would indicate that an increase in an individual requirement getting flagged is associated with a higher number of other requirements in that domain also getting flagged. For our purposes, values above .6 are considered strong, .3 to .6 considered moderate, and less than .3 weak.

Many of these correlations (78.5%) could not be computed due to the fact that for many requirements there were zero deficiencies and zero advisory notes. For the requirements in which the calculations were computed, there were slightly more correlations in the high range (8.9%) and low range (7.6%) than the moderate range (5.0%). Although it was important to explore item-total correlations to determine if key indicators could be identified, the finding that these correlations could not be computed for the vast majority of requirements means the results did not provide a strong enough basis on which to identify specific requirements as key indicators.

B. Identification of Key Indicators

One of the main goals of the pilot was to determine which requirements can serve as "key indicators" and thus be included in a revised version of the inspection tools. In order to determine which requirements will be designated as key indicators, a hierarchical examination of requirements can be employed. The hierarchy can be tentatively determined based on the results presented in this report.

Table 39, on the following page, provides a framework for how the various pieces of information provided in this report can be placed into a hierarchy, or series of levels, to aid in decision making regarding which requirements will be designated as key indicators. The narrative following the table further explains the hierarchy and rationale.

[16] For this analysis, if a requirement resulted in any type of citation or advisory note, it was coded as a "1." If the requirement did not result in any type of citation or advisory note, it was coded as a "0." These values were then correlated with the sum of the total ones (1) and zeros (0) for *other* requirements in the domain.

Table 39. Hierarchical Analysis of Information Regarding Decisions to Select Key Indicators

Inspection Frequency	Level 1 Key Indicators Within Each Domain
Always	• Mandated to be inspected by law • Directly linked to an immediate civil penalty assessment • Tend to be designated as Type A violations, indicating they are likely to have direct and serious consequences if violated • High frequency of violation in the pilot
Inspection Frequency	**Level 2 Key Indicators Within Each Domain**
Always	**Regulations/statutes not on the Level 1 list, that are:** • Sometimes cited/advised, indicating the possibility that they should always be checked • Likely to have direct and serious consequences if violated (as indicated by SME ratings)
Inspection Frequency	**Level 3 Key Indicators Within Each Domain**
Triggered by their associated Key Indicators	**Additional regulations/statutes, not on either Level 1 or 2 Key Indicator lists, that are:** • Considered important and related to standard regulations/statutes (as identified by SME ratings) • Likely to have a moderate impact on health and safety of the children in care (as indicated by SME ratings)
	Non-indicators Within Each Domain
	• "Root" or "stem" regulations/statutes that simply set up a list, but do not themselves have independently rate-able content • Regulations/statutes that are covered in another domain (each regulation/statute should be rated under only one domain, and not repeated in the tool).

Level 1 key indicators include any requirements that the CCLD is mandated to check during an inspection and requirements associated with immediate civil penalty assessments. These requirements should always be evaluated at every inspection. In addition, it is proposed that requirements that tend to be assigned Type A deficiency types should be a level 1 key indicator, as this suggests they are immediate or potential health and safety risks.

Level 2 key indicators include those requirements that have the highest frequency of citations and/or advisories, as noted in the *Section VII: Compliance*, and requirements that are rated as highly likely to have direct and serious consequences for minors'/non-minor dependents' health and safety if violated. High frequency alone does not indicate the level of seriousness of a violation, but may indicate that the requirement should be routinely inspected for compliance. In addition, in the absence of pilot data indicating whether a requirement tends to be designated as a Type A or B violation, SME ratings of whether violation of the requirement poses a major or moderate risk to health and safety can be used to make the same designation.

Level 3 key indicators are proposed to be based on any requirement that is not at Level 1 or 2, but is related to a Level 1 or 2 requirement. Level 3 requirements would include those requirements that are in the domain focused tool. These would be determined by ratings from SMEs regarding which domain focused requirements should be triggered by which requirements. This could address an issue that came up in other pilots in which a long list of domain focused requirements were triggered after specific types of citations were given on the standard tool. The triggered list may have included requirements that were unrelated to the requirement that produced the trigger. For example, a violation on a background check clearance requirement could trigger LPAs to inspect requirements related to training documentation or possibly other paperwork items that were conceptually unrelated. Using key indicators means items would only be evaluated in an inspection if a citation on a related requirement triggered further evaluation.

Lastly, Table 39 includes a category of non-indicators within each domain. These include "root" or "stem" requirements that set up a list (such as "All of the following shall apply:"), but do not contain information that can be rated independently of the items in the list that follow this stem. Each requirement should occur in only one domain on each tool. Which domain the requirement should be placed in can be based on two pieces of information. One piece should be a determination of where the requirement fits best from the logistical standpoint of when it would be best evaluated in the inspection process. The second piece of information should come from workgroup ratings in which SMEs make a determination of where the requirement fits best.

It is important to note that recommendations determining which requirements should be in the revised inspection tools are based on the statistical analysis presented in this report and the patterns observed in the data from the pilot. Thus, this report, and any recommendations provided therein, are only one piece of information that should be part of a larger decision-making process. One part of the

larger decision-making process will be the information gained from SME workgroups. Beyond statutory requirements (which will always be in inspection tools), initial determination and approval of which requirements should be included in the revised tools rests with the subject matter experts and those in leadership positions at CDSS/CCLD. Over time, additional data will be collected, and the content of the tools will change based on the Continuous Quality Improvement (CQI) process. The section (below) on Recommendations for Next Steps provides more information on the CQI process.

Adequate Representation in Each Domain

One last factor (not listed in the above section) that should be considered in determining the number of requirements to include in the revised tools is the percentage of requirements to include each domain (for purposes of maintaining domain representation). This will be an additional factor that will be taken into consideration in developing the statewide tools. All domains will have some representation of requirements on the statewide tools. It is possible that the data and ratings of risk to health and safety deem all requirements in a domain as Level 3 requirements or as not needed on the tool. In these cases, domain requirements may be subject to slightly different criteria (than the other domains on the tool) to allow for inclusion of requirements in the domain.

X. Recommendations for Next Steps

A. Subject Matter Expert (SME) Workgroups

CSUS will convene and facilitate SME workgroups to generate information (i.e., evidence) necessary to refine and develop inspection tools (standard and domain focused) for the five tools in the CRP program. During the workgroups SMEs provided criticality ratings for all requirements not included in the Level 1 category in Table 39, "Hierarchical Analysis of Information Regarding Decisions to Select Key Indicators." SMEs also reviewed requirements to remove redundancy and organize content. Details of the SME workgroup process are outlined in Appendix B. The workgroup process CSUS implemented obtained this information from SMEs, as well as their recommendations to improve the content and organization of indicators in the tools.

B. Ongoing Assessment of Reliability and Scientific Validity

It is recommended that the new tools be subject to an ongoing process of assessment of reliability and scientific validity; Appendix A outlines the types of evidence required to select valid key indicators to include in inspection tools. Ongoing reliability assessments should ensure that LPAs and LPMs are continuing to utilize the same criteria for issuing citations and advisories. Additionally, periodic ongoing scientific validity assessment will also be a part of a strong inspection program. Specifically, criterion related validity should be examined in future inspections, such that it can be demonstrated that the results of the inspection, specifically when using a shortened tool, accurately portray facility

health, as well as minors'/non-minor dependents' health and safety. The new inspection tools and procedure will result in increased consistency and thoroughness in inspections, and increased awareness among providers regarding the specific requirements LPAs will be examining during visits. Monitoring citation data over time will allow the Department to better understand where facilities may need more guidance to stay in compliance. These factors will lead to improved compliance in facilities. Data gathered addressing criterion related validity will provide evidence of this change over time. Improved compliance will lead to improved safety for minors/non-minor dependents.

The Community Care Licensing Division (CCLD) is working with CSUS on a plan for Continuous Quality Improvement (CQI). As part of the CQI process, data will continue to be collected and evaluated. It is recommended that every year, a small percentage of comprehensive inspections be completed in facilities throughout the state (these will be done at in compliance facilities that would normally not require a comprehensive inspection). The data provided from these inspections, along with comprehensive inspections that are the result of facilities being out of compliance, can be used for ongoing assessments and to provide evidence that the inspection tools are working in the manner they are intended to. Facilities that have demonstrated previous compliance should remain in compliance over time. Facilities that have demonstrated previous noncompliance should show increases in compliance over time.

Ongoing assessment will include examination of correlations and patterns of co-violations among the requirements. While statutory mandates must remain in the standard inspection tools, as part of the new inspection process, LPAs and LPMs will have the opportunity to provide feedback on non-mandated requirement that should be added into the standard tools or that should be deleted. Thus, ongoing assessment will also involve examination of this LPA and LPM feedback. Changes will be made to the tool as needed. CQI will also involve further examination of the scientific validity of the tool to ensure that inspection results reflect the true state of the facility, as well as health and safety of minors/non-minor dependents. Results of staff interviews will be part of the scientific validity assessment.

Additionally, at least once per year the tools should be reviewed and revised to include new laws and/or requirements. New laws and/or requirements will be added to the inspection tools when they are appropriate for annual inspections. Taken together, the steps in the CQI process will aid in examining the true effectiveness of the tool. It is recommended that the procedures for tool development and CQI be utilized for any future inspection pilots and/or tool development.

Appendix A – Framework for Data Analysis and Data Needs to Inform Identification of Key Indicators

Selection of Key Indicators

The new tools used by LPAs to evaluate facilities during the pilot encompassed the sum of all requirements in the Children's Residential Program pilot tools. The logistics of reviewing every item in each inspection is impractical, as was demonstrated in the pilot and indicated by subsequent LPA feedback.

CSUS has been tasked with developing a hierarchical staged-in review process where a subset of items serving as "key indicators" (KIs). KIs are evaluated and used to guide LPAs toward other items that need a more thorough investigation. The selection of primary KIs and subsequent relegation of other items to a secondary "triggered" review must be supported by validity evidence regarding the status of each item in the review system. CSUS proposes that a framework similar to that utilized by state licensure exams be adopted for identifying key indicators and for gathering scientific validity evidence, as described below. The state licensure procedure utilizes subject matter experts (SMEs) who provide ratings on importance and frequency of job tasks and duties. These ratings are utilized to determine what content is to be included on a state licensure exam. In a similar way, frequency and importance data gathered from the pilot and subject matter expert ratings will be used to determine the content of the facility inspection tools. The processes are parallel except that in one case the goal is to license an individual to practice in an occupation, and in the other case the goal is to ensure licensed facilities are compliant with statutes and requirements. CSUS proposes that this validity evidence should come from at least three sources.[17]

Evidence for Key Indicator Selection Based on Internal Structure

Data from the pilot provides frequency information regarding the rates of compliance/noncompliance for each requirement in the inspection tools. The data can be used to explore the relative rates of violation for each of the individual requirements, but perhaps more importantly, they also allow us to look at patterns of co-violations between requirements to identify related clusters. A combination of

[17] Each of the subsections in the list of validity evidence sources is borrowed and slightly adapted from the Standards for Educational and Psychological Testing (AERA/APA/NCME, 2014), which serves as one of the most important documents guiding practitioners in the development and use of psychological tests and assessments. The concepts extrapolate naturally from the level of individual psychological assessments to the broader level of institutional assessments, and allow us to draw on a widespread and rigorous framework for conceptualizing our validation practices. There are two additional categories that are not listed here because they are not directly relevant to the selection of KIs.

techniques including (but not limited to) factor analysis, cluster analysis, correlation, and regression analysis will be used to explore these relationships.

It is well known that the reliability of scores from an assessment is a necessary condition for validity; unreliable scores are error-laden and this always limits the validity of score interpretations. The pilot involved a subset of instances where shadow inspectors (LPMs) independently evaluated the same facility using the inspection tool. This data will be used to explore inter-rater agreement (percent agreement and Cohen's kappa index) and possibly identify certain items on which raters tend to disagree more so than others. If such items are found, we will explore possible implications with respect to these items being eligible for designation as KIs.

Evidence for Key Indicator Selection Based on Content

At the same time that we explore statistical patterns of co-violations among items as described above, we must also attend to the major domains of the standard inspection tool in order to ensure they are each adequately represented in the selection of KIs. Drawing parallels from best practices in psychological testing at the individual level, this would usually mean the number of KIs per domain should be approximately proportional to the total number of items per domain in the standard tool. This ensures that the shortened assessment is a balanced "mini-test" that represents the larger assessment it was drawn from.

With regard to the selection of *which* specific items will serve as the KIs in each domain, these should be items that satisfy some criterion for designating them as critical KIs. For occupational licensing tests in California and other states, the standard and widely-accepted methodology is to make such decisions based on a combination of the frequency of the occurrence of an occupational practice reflected in the item, and the importance of that practice in terms of its consequences for posing risk of harm to the public if that practice is not carried out properly. Following suit, the pilot data provides information on how *frequently* different items are violated, and the analyses described in the prior section will inform us about the *rates* of co-violation; we will need to supplement this information with a scaling of criticality (i.e., *consequences* of violation) in order to determine which items are the best candidates to serve as KIs. This scaling should come from subject matter experts. Typically, this is accomplished with a survey where each item is rated on a scale, although we could discuss alternative measurement strategies, such as a rank order method, for identifying the most critical KIs.

Evidence for Key Indicator Selection Based on Relations to Other Variables

This normally involves assessment of a statistical relationship between overall test scores and measures of other variables, including external criteria or outcomes, which provides evidence in support of the intended interpretation and use of scores. For example, a correlation between the compliance rate and other measures of facility health. In state occupational licensure testing,

measures of these other variables are usually not readily available, but we can infer such evidence from the process of involving subject matter experts' (SMEs) ratings of criticality, which establishes a judged link between the test and important outcomes. As part of identifying KIs for the community care licensing tools, these ratings would serve as evidence that the overall assessment is structured in such a way that it is expected to relate to levels of health, safety, and harm avoidance with respect to children in care.

To summarize, CSUS proposes using two sources of data for identifying key indicators, one that we already have (September to December 2019 pilot data) and one that we collected in May 2020 (Subject Matter Expert ratings of criticality).

Appendix B – Subject Matter Expert Ratings

Using pilot data from inspections and post-inspection surveys, CSUS will conduct subject matter expert (SME) workgroups in order to further refine the standard and domain focused tools and investigate the following topics:

- Redundant requirements
- Challenges with inspection flow
- Training issues
- Preparing for statewide rollout

Subject Matter Expert Ratings

Based on our previous experience developing scientifically valid tools with input from SMEs, CSUS will work with a group 12 SMEs to produce the products listed below. This group should be comprised of representatives from regional offices across the state and reflected a mix of LPAs, LPMs and Program/Policy staff who are ***highly knowledgeable*** in relation to:

- The content and meaning of all requirements to be rated;
- The general types and condition of facilities in the field; and,
- Exemplary (i.e., best practice) inspection practices.

It is important to complete this work in a small group structure, as the objective is to conduct in-depth discussions and achieve consensus in a relatively brief session. CSUS will integrate work products generated by this group into the CSUS deliverables listed below. These deliverables then should be reviewed and adopted by a larger peer group (e.g., program, policy and QA staff). This plan can be applied to both the CRP tool development as well as inspection tools for other programs that will be revised.

Deliverables and Activities

Input from SMEs and CCLD staff and leadership was required to produce the following deliverables that will provide evidence of scientific validity, supporting development of the content and structure of new CRP inspection tools.

1. Criticality Ratings for Select Requirements: recommendations on which are important to include in the tools and how these recommendations cross-reference with results of pilot data analysis.

2. New Organizational Mapping of Items: recommendations for the order in which KIs will be viewed, including section headers, sequence, relationship to supporting documentation (e.g., facility map).
3. Recommendations for Adequate Representation and Removing Redundancy: recommendations in/across domains to ensure content within each domain is adequately represented across domains and to remove any content workgroup members believe is redundant after an initial cut has been made by a CDSS program workgroup.
4. Recommendations for Final Content for the Inspection Tools: recommendations for requirement content in all domains.
5. KIs for Standard Tool: recommendations for the most important requirements to be included on the standard tool.
6. Structure of the Domain Focused Tools: recommendations for key indicator(s) that, if violated, will trigger a complete review of requirements in a domain based on preliminary guidance from IPP project team.

Appendix C – Additional tables from the LPA Post Inspection Survey

Thoroughness of Individual Domains

With respect to completing a comprehensive inspection, did the regulations within the following domains support a thorough review of the subject area(s)?

Operations	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very thorough	76	80.00%	10/10	84.55%
Somewhat thorough	19	20.00%	3/10	15.45%
Not thorough enough	0	0.00%	0/10	0.00%
Not at all thorough	0	0.00%	0/10	0.00%
TOTAL	95	100.00%		100.00%

With respect to completing a comprehensive inspection, did the regulations within the following domains support a thorough review of the subject area(s)?

Staffing	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very thorough	89	92.71%	10/10	94.39%
Somewhat thorough	7	7.29%	4/10	5.61%
Not thorough enough	0	0.00%	0/10	0.00%
Not at all thorough	0	0.00%	0/10	0.00%
TOTAL	96	100.00%		100.00%

With respect to completing a comprehensive inspection, did the regulations within the following domains support a thorough review of the subject area(s)?

Client Records	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very thorough	92	96.84%	10/10	97.41%
Somewhat thorough	3	3.16%	2/10	2.59%
Not thorough enough	0	0.00%	0/10	0.00%
Not at all thorough	0	0.00%	0/10	0.00%
TOTAL	95	100.00%		100.00%

With respect to completing a comprehensive inspection, did the regulations within the following domains support a thorough review of the subject area(s)?

Core Therapeutic Services	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very thorough	55	78.57%	9/9	85.23%
Somewhat thorough	15	21.43%	4/9	14.77%
Not thorough enough	0	0.00%	0/9	0.00%
Not at all thorough	0	0.00%	0/9	0.00%
TOTAL	70	100.00%		100.00%

With respect to completing a comprehensive inspection, did the regulations within the following domains support a thorough review of the subject area(s)?

Clients with Special Health Care Needs	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very thorough	17	77.27%	7/7	85.71%
Somewhat thorough	5	22.73%	2/7	14.29%
Not thorough enough	0	0.00%	0/7	0.00%
Not at all thorough	0	0.00%	0/7	0.00%
TOTAL	22	100.00%		100.00%

With respect to completing a comprehensive inspection, did the regulations within the following domains support a thorough review of the subject area(s)?

Resource Family Records	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very thorough	28	90.32%	9/9	93.52%
Somewhat thorough	3	9.68%	2/9	6.48%
Not thorough enough	0	0.00%	0/9	0.00%
Not at all thorough	0	0.00%	0/9	0.00%
TOTAL	31	100.00%		100.00%

With respect to completing a comprehensive inspection, did the regulations within the following domains support a thorough review of the subject area(s)?

Resource Family Portability Records	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very thorough	15	78.95%	7/7	90.48%
Somewhat thorough	4	21.05%	1/7	9.52%
Not thorough enough	0	0.00%	0/7	0.00%
Not at all thorough	0	0.00%	0/7	0.00%
TOTAL	19	100.00%		100.00%

With respect to completing a comprehensive inspection, did the regulations within the following domains support a thorough review of the subject area(s)?

Certified Family Home Records	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very thorough	23	95.83%	9/9	98.15%
Somewhat thorough	1	4.17%	1/9	1.85%
Not thorough enough	0	0.00%	0/9	0.00%
Not at all thorough	0	0.00%	0/9	0.00%
TOTAL	24	100.00%		100.00%

With respect to completing a comprehensive inspection, did the regulations within the following domains support a thorough review of the subject area(s)?

Emergency Intervention	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very thorough	40	68.97%	9/9	79.63%
Somewhat thorough	17	29.31%	4/9	18.78%
Not thorough enough	1	1.72%	1/9	1.59%
Not at all thorough	0	0.00%	0/9	0.00%
TOTAL	58	100.00%		100.00%

Ease of Use and Difficulty of Various Aspects of the Inspection Process

Please rate the ease-of-use and/or difficulty of each aspect of the inspection process listed below:

Using the stylus	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very easy	56	58.33%	8/10	54.24%
Somewhat easy	30	31.25%	7/10	33.62%
Somewhat difficult	1	1.04%	1/10	0.71%
Very difficult	1	1.04%	1/10	1.43%
Not applicable	8	8.33%	2/10	10.00%
TOTAL	96	99.99%		100.00%

Please rate the ease-of-use and/or difficulty of each aspect of the inspection process listed below:

Using the handstrap	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very easy	22	23.16%	4/10	18.79%
Somewhat easy	49	51.58%	8/10	47.51%
Somewhat difficult	3	3.16%	3/10	11.68%
Very difficult	0	0.00%	0/10	0.00%
Not applicable	21	22.11%	4/10	22.03%
TOTAL	95	100.01%		100.00%

Please rate the ease-of-use and/or difficulty of each aspect of the inspection process listed below:

Typing notes	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very easy	14	14.58%	4/10	12.32%
Somewhat easy	45	46.88%	8/10	49.49%
Somewhat difficult	36	37.50%	6/10	28.19%
Very difficult	1	1.04%	1/10	10.00%
Not applicable	0	0.00%	0/10	0.00%
TOTAL	96	100.00%		100.00%

Please rate the ease-of-use and/or difficulty of each aspect of the inspection process listed below:

Using the scroll bar	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very easy	26	27.08%	6/10	30.80%
Somewhat easy	44	45.83%	6/10	44.32%
Somewhat difficult	13	13.54%	3/10	10.27%
Very difficult	6	6.25%	1/10	4.62%
Not applicable	7	7.29%	1/10	10.00%
TOTAL	96	99.99%		100.00%

Please rate the ease-of-use and/or difficulty of each aspect of the inspection process listed below:

Using the touchscreen	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very easy	64	66.67%	9/10	64.64%
Somewhat easy	32	33.33%	6/10	35.36%
Somewhat difficult	0	0.00%	0/10	0.00%
Very difficult	0	0.00%	0/10	0.00%
Not applicable	0	0.00%	0/10	0.00%
TOTAL	96	100.00%		100.00%

Please rate the ease-of-use and/or difficulty of each aspect of the inspection process listed below:

Having regulations split by domain	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very easy	64	66.67%	9/10	64.64%
Somewhat easy	32	33.33%	6/10	35.36%
Somewhat difficult	0	0.00%	0/10	0.00%
Very difficult	0	0.00%	0/10	0.00%
Not applicable	0	0.00%	0/10	0.00%
TOTAL	96	100.00%		100.00%

Forms and Manuals

Have you used the Facility Visit Checklist in the past?

Response Options	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Yes	79	82.29%	8/10	79.23%
No	17	17.71%	3/10	20.77%
TOTAL	96	100.00%		100.00%

When you used the Facility Visit Checklist in the past, before the pilot study, did you find it helpful?

Response Options	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very helpful	33	41.77%	7/8	43.62%
Somewhat helpful	45	56.96%	6/8	43.88%
No change/about the same	0	0.00%	0/8	0.00%
Not at all helpful	1	1.27%	1/8	12.50%
TOTAL	79	100.00%		100.00%

Did you find the revised Facility Visit Checklist you used during the pilot study helpful?

Response Options	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very helpful	55	57.29%	7/10	51.95%
Somewhat helpful	28	29.17%	6/10	24.09%
No change/About the same	7	7.29%	3/10	15.71%
Not at all helpful	1	1.04%	1/10	1.11%
N/A	5	5.21%	1/10	7.14%
TOTAL	96	100.00%		100.00%

Did you find the Entrance Checklist helpful with respect to tracking items necessary for review?

Response Options	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Very helpful	59	61.46%	5/10	45.60%
Somewhat helpful	15	15.63%	5/10	21.04%
No change/about the same	4	4.17%	3/10	4.48%
Not at all helpful	13	13.54%	3/10	21.75%
N/A	5	5.21%	1/10	7.14%
TOTAL	96	100.01%		100.00%

Did you have to refer to the Pilot Operations Manual for guidance during this inspection?

Response Options	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Yes	30	31.25%	8/10	33.07%
No	66	68.75%	8/10	66.93%
TOTAL	96	100.00%		100.00%

Did the Pilot Operations Manual provide the guidance you needed to conduct the inspections during the pilot?

Response Options	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Yes	29	96.67%	8/8	93.75%
No	1	3.33%	1/8	6.25%
TOTAL	30	100.00%		100.00%

Did the FAS Inspection Tool Manual provide the guidance you needed to utilize the new FAS features?

Response Options	Number of Responses	Raw Percent	Number of LPAs	Standardized Percent
Yes	62	76.54%	9/10	78.62%
No	19	23.46%	5/10	21.38%
TOTAL	81	100.00%		100.00%

Appendix D – Qualitative Codes

- Agreement count
- Consistency
- Consultative - rapport
- Efficiency
- Feature to be added
- Feature to be removed
- Frustration-concern-issue
- important
- Inspection flow
- Licensee response
- Negative comment
- Physically challenging
- Positive comment
- Prevention and compliance
- Regulations - duplicate
- Regulations - missing
- Regulations - other
- Regulations - remove
- Regulations - wrong domain
- Rollout
- Software function
- Specific regulation mentioned
- Suggestion
- Tablet and stylus
- Thoroughness
- Tool content
- Tool layout
- Training
- Workaround

Appendix E – Pilot Citations Organized by Requirement and Tool

Table Notes

A Citations: All requirements with a Type A citation are listed with the exception of the Group Home Tool. For the Group Home Tool, there was only one requirement with multiple Type A citations, and there were 18 additional requirements that had one Type A citation each, which are not listed in this table.

B Citations: For all tools, all requirements with two or more Type B citations are listed.

Technical Violation (TV): The table contains any requirement that was given a TV three or more times, or two or more times if two was the largest count for the tool.

Technical Advisory (TA): The table contains any requirement that was given a TA two or more times. The THPP Tool did not have any TAs in the pilot.

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
FFA	Physical Plant/ Environmental Safety	80087(a)	(a) The facility shall be clean, safe, sanitary and in good repair at all times for the safety and well-being of clients, employees and visitors.	1			
FFA	Client Records	88270(a)(4)	(4) A copy of the current court order, or written authorization of the child's parent or guardian, for each psychotropic medication prescribed to the child.	1			
FFA	Client Records	80069(c)(1)	(1) The results of an examination for communicable tuberculosis and other contagious/infectious diseases.		3	3	

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
FFA	Operational Requirements	88223(b)	(b) A foster family agency shall have and maintain on file a current, written disaster and mass casualty plan of action. The disaster and mass casualty plan of action shall be:		3		3
FFA	Physical Plant/ Environmental Safety	88209(c)	(c) Information for the licensing agency's complaint hotline shall be posted in a prominent, publicly accessible location in the administrative office and in each suboffice of the foster family agency.		2	4	1
FFA	Resource Family Records	88331.7(g)	(g) A foster family agency shall obtain an applicant's signature acknowledging receipt of the Written Report.		2	3	
FFA	Client Records	80070(b)(8)	(8) Medical assessment, including ambulatory status, as specified in Section 80069.		2	2	
FFA	Client Records	88268.1(c)(2)	(2) When the information is received, social work personnel shall complete a needs and services plan as specified in FFA ILS Section 88268.2.		2		

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
FFA	Staffing/ Personnel Records	88065(a)(7)(A)	(A) A statement acknowledging the provisions of Health and Safety Code Section 1540.2.			6	
FFA	Physical Plant/ Environmental Safety	80075(g)(1)(G)	(G) Thermometers.			5	
FFA	Client Records	88068.2(a)(5)	(5) Ability to manage his/her own money including the maximum amount of money the child shall be permitted to have in his/her possession at any one time.			5	
FFA	Client Records	88070(a)(1)(G)	(G) The list of persons who should or should not be allowed to visit and any limitations on visitation.		1	4	
FFA	Client Records	80069(c)(4)	(4) A determination of the client's ambulatory status, as defined by Section 80001(n)(2).			4	
FFA	Operational Requirements	80071(a)(1)(A)	(A) Client's name and ambulatory status as specified in Section 80070(b)(1) and (8).			4	
FFA	Client Records	88070(a)(1)(F)	(F) The child's court status, if applicable, including a copy of any custody orders and agreements with parent(s) or person(s) having legal custody.		1	3	

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
FFA	Staffing/ Personnel Records	80066(a)(8)	(8) Duties of the employee.			3	1
FFA	Operational Requirements	80071(a)(1)	(1) The licensee shall maintain in the facility a register of all clients. The register shall be immediately available to, and copied for, licensing staff upon request, and must contain current information on the following:			3	
FFA	Physical Plant/ Environmental Safety	80088(f)(1)	(1) All containers, including movable bins, used for storage of solid wastes shall have tight-fitting covers kept on the containers; shall be in good repair, shall be leakproof and rodent-proof.			3	
FFA	Client Records	88068.2(a)(7)	(7) Other specific services, including necessary services to the child's parent(s) or guardian(s).			3	
FFA	Client Records	88070(a)(1)(L)	(L) Signed copies of the foster family agency policies and procedures regarding the termination of the child's placement, discipline, and complaints.			3	

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
FFA	Operational Requirements	88223(c)(2)	(2) The name, job title, cellular telephone number and email address of three foster family agency staff assigned to respond to the Department during and after a disaster or emergency.			3	
FFA	Resource Family Records	88331.2(a)(2)(A)	(A) The health and safety assessment of the home and grounds shall include the following:			3	
FFA	Operational Requirements	88263.1(c)(2)(C)	(C) Peer-review panel with a foster family agency that serves a similar population or a panel.			1	3
FFA	Staffing/ Personnel Records	88066(a)(1)(C)	(C) A record of performance evaluation and any correspondence with each employee.		1	2	2
FFA	Physical Plant/ Environmental Safety	80075(g)(1)(F)	(F) Tweezers.				2

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
GH	Physical Plant/ Environmental Safety	80088(e)(1)	(1) Hot water temperature controls shall be maintained to automatically regulate temperature of hot water delivered to plumbing fixtures used by clients to attain a hot water temperature of not less than 105 degrees F (40.5 degrees C) and not more than 120 degrees F (48.8 degrees C).	5		1	
GH	Staffing/ Personnel Records	84065(i)	(i) Notwithstanding Sections 80065(f)(1) through (6), new child care staff hired on or after July 1, 1999, shall complete a minimum of 24 hours of initial training comprised of the 8 and 16 hour training as specified in (1) and (2) below:		5	1	1
GH	Staffing/ Personnel Records	84065(i)(1)(D)	(D) Within 7 calendar days of completion of the 8 hour training, the administrator or administrator's designee shall assess if each child care staff understands and can apply the training.		4		1
GH	Physical Plant/ Environmental Safety	80087(a)	(a) The facility shall be clean, safe, sanitary and in good repair at all times for the safety and well-being of clients, employees and visitors.		4	1	2

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
GH	Emergency Intervention Plan	84361(f)	(f) The licensee must maintain a monthly log of each use of manual restraints. The log must include:		4	1	
GH	Staffing/ Personnel Records	84065(d)	(d) The licensee shall designate at least one facility manager to be present at the facility at all times when children are present:	1	3		
GH	Client Records	80069(c)(1)	(1) The results of an examination for communicable tuberculosis and other contagious/infectious diseases.		3	2	4

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
GH	Client Records	84087(e)	(e) In every situation where children share a bedroom, the licensee shall document that the bedroom sharing arrangement ensures the health and safety of each child and that the children are compatible. When considering compatibility, a Licensee shall consult with children in their care, in an age and developmentally appropriate manner, regarding the child's sexual orientation and gender identity and what information the child wishes to disclose and to whom. A licensee shall not disclose information about the child's sexual orientation and/or gender identity against the child's wishes, unless compelled to do so by law or court order. This documentation shall be maintained in the child's record.		3	2	2
GH	Staffing/ Personnel Records	84065(i)(1)(D)(2)	2. The assessment shall be documented in each child care staff personnel record.		3	2	

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
GH	Staffing/ Personnel Records	84065(i)(1)(C)(4)	4. Successful completion of job shadowing shall be verified by a statement completed by the experienced facility personnel being shadowed affirming: a) specific activity observed; b) dates and times of shadowing; and, c) training topic listed in Section 84065(i)(3)(A) through (R) that is satisfied by the job shadowing activity.		3		1
GH	Staffing/ Personnel Records	84065(j)(1)	(1) Notwithstanding Sections 80065(f)(1) through (6), all child care staff shall complete a minimum of 20 hours of annual training, except as specified in (2) below.		3	2	
GH	Physical Plant/ Environmental Safety	80075(g)(1)(A)	(A) A current edition of a first aid manual approved by the American Red Cross, the American Medical Association or a state or federal health agency.		3	1	
GH	Staffing/ Personnel Records	84065(i)(2)	(2) Sixteen hours of training shall be completed by new child care staff within 90 days of hire.		2	1	1

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
GH	Staffing/ Personnel Records	84065(i)(2)(B)	(B) Within 30 days of completion of the 16 hour training, the administrator or administrator's designee shall assess if each newly hired child care staff understands and can apply the training.		2	2	
GH	Staffing/ Personnel Records	84065(i)(2)(B)(2)	2. The assessment shall be documented in each child care staff personnel record.		2	3	
GH	Physical Plant/ Environmental Safety	80087(c)	(c) All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction.	1	2		1
GH	Staffing/ Personnel Records	80075(f)	(f) Staff responsible for providing direct care and supervision shall receive training in first aid from persons qualified by agencies including but not limited to the American Red Cross.	1	2		
GH	Client Records	84070(c)(3)	(3) Documentation that vaccinations have been obtained as specified in Section 84069.1, if immunization records are not available prior to placement.	1	2		

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
GH	Operational Requirements	84063(a)(9)	(9) Ensure that minutes are kept for all board of directors meetings and retained as a permanent record. The minutes shall reflect the board's discussion of the documents specified in Health and Safety Code Section 1520.1(f);		2	2	
GH	Client Records	84068.1(b)(4)(B)	(B) The administrator or his/her designee, and the child and/or his/her authorized representative(s), shall sign copies of the removal and/or discharge policies and procedures specified in Section 84068.4(a); of the discipline policies and procedures specified in Section 84072.1(a); and of the complaint procedures specified in Section 84072.2(a), to verify the receipt of such information.		2	2	
GH	Client Records	84068.3(a)	(a) The needs and services plan specified in Section 84068.2 shall be updated at least every six months to determine the following:		2	1	

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
GH	Client Records	80069(a)	(a) Except for licensees of ARFs, prior to or within 30 calendar days following the acceptance of a client, the licensee shall obtain a written medical assessment of the client, as specified in Section 80069(c), which enables the licensee to determine his/her ability to provide necessary health related services to the client. The assessment shall be used in developing the Needs and Services Plan.		2	1	
GH	Emergency Intervention Plan	84365(d)(1)	(1) Documentation of training received must be maintained in the personnel record for each staff member and must include:		2		
GH	Emergency Intervention Plan	84365(d)(1)(A)	(A) Dates, hours, and description of the training completed.		2		
GH	Emergency Intervention Plan	84365(d)(1)(B)	(B) Name and training certificate of the instructor who provided the training.		2		2
GH	Emergency Intervention Plan	84365(e)	(e) Facility personnel must receive on-going training to maintain certification.		2		

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
GH	Client Records	80075(l)	(l) Prescription medications which are not taken with the client upon termination of services, or which are not to be retained shall be destroyed by the facility administrator, or a designated substitute, and one other adult who is not a client.		2		
GH	Physical Plant/ Environmental Safety	80088(d)	(d) The licensee shall provide lamps or lights as necessary in all rooms and other areas to ensure the comfort and safety of all persons in the facility.		2		
GH	Operational Requirements	84063(a)(8)	(8) Conduct board of directors or governing body meetings at least on a quarterly basis to review and discuss the group home's operation and documents as specified in Health and Safety Code Section 1520.1(f), and based upon the review, ensure that the group home complies with all applicable regulations;		2		
GH	Staffing/ Personnel Records	84065(i)(6)	(6) The 24 hour Initial training is in addition to first aid and CPR training, and other training as required in Sections 84065.1, and 84365.		2		

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
GH	Operational Requirements	84063(a)(10)	(10) Ensure that all minutes of board of directors' meetings are available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Minutes may be removed if necessary for copying. Removal of minutes shall be subject to the following requirements:		1	3	
GH	Client Records	84070(c)(2)	(2) Signed copies of the facility's policies and procedures regarding the child's removal and/or discharge; discipline; and complaints.		1	3	
GH	Operational Requirements	80071(a)(1)	(1) The licensee shall maintain in the facility a register of all clients. The register shall be immediately available to, and copied for, licensing staff upon request, and must contain current information on the following:			3	
GH	Operational Requirements	80071(a)(1)(A)	(A) Client's name and ambulatory status as specified in Section 80070(b)(1) and (8).		1	3	1
GH	Operational Requirements	80071(a)(1)(B)	(B) Name, address and telephone number of client's attending physician.			3	1

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
GH	Operational Requirements	80071(a)(1)(C)	(C) Authorized representative information as specified in Section 80070(b)(5).			3	
GH	Client Records	84068.2(b)(4)	(4) Personal care and grooming.			3	
GH	Client Records	84068.2(b)(5)	(5) Ability to manage his/her own money, including the maximum amount of money the child shall be permitted to have in his/her possession at any one time.			3	
GH	Physical Plant/ Environmental Safety	84072.2(a)(3)	(3) Such procedures shall be posted in a location in the facility which is accessible to children and their authorized representatives.			3	
GH	Physical Plant/ Environmental Safety	80088(f)	(f) Solid waste shall be stored, located and disposed of in a manner that will not transmit communicable diseases or odors, create a nuisance, or provide a breeding place or food source for insects or rodents.		1		3
GH	Physical Plant/ Environmental Safety	84009(a)	(a) The license shall be posted in a prominent, publicly accessible location in the facility.			1	2

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
GH	Physical Plant/ Environmental Safety	80075(g)(1)(H)	(H) Antiseptic solution.				2
GH	Physical Plant/ Environmental Safety	80087(b)(1)	(1) Protective devices including but not limited to nonslip material on rugs.				2
SFH	Physical Plant/ Environmental Safety	80088(e)(1)	(1) Hot water temperature controls shall be maintained to automatically regulate temperature of hot water delivered to plumbing fixtures used by clients to attain a hot water temperature of not less than 105 degrees F (40.5 degrees C) and not more than 120 degrees F (48.8 degrees C).	2			
SFH	Physical Plant/ Environmental Safety	80075(k)(1)	(1) Medication shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.	1			
SFH	Client Records	80075(k)(5)	(5) Each client's medication shall be stored in its originally received container.	1			
SFH	Operational Requirements	80023(d)	(d) Disaster drills shall be conducted at least every six months.		2		

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
SFH	Operational Requirements	80023(d)(2)	(2) The drills shall be documented and the documentation maintained in the facility for at least one year.		2	2	1
SFH	Physical Plant/ Environmental Safety	80076(a)(5)	(5) Menus shall be written at least one week in advance and copies of the menus as served shall be dated and kept on file for at least 30 days. Menus shall be made available for review by the clients or their authorized representatives and the licensing agency upon request.		2		
SFH	Operational Requirements	80023(a)	(a) Each licensee shall have and maintain on file a current, written disaster and mass casualty plan of action.		1	2	2
STRTP	Physical Plant/ Environmental Safety	80088(e)(1)	(1) Hot water temperature controls shall be maintained to automatically regulate temperature of hot water delivered to plumbing fixtures used by clients to attain a hot water temperature of not less than 105 degrees F (40.5 degrees C) and not more than 120 degrees F (48.8 degrees C).	2			1

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
STRTP	Staffing/ Personnel Records	80019(e)(2)	(2) Request a transfer of a criminal record clearance as specified in Section 80019(f) or	2			
STRTP	Physical Plant/ Environmental Safety	80076(a)(14)	(14) All foods or beverages capable of supporting rapid and progressive growth of microorganisms which can cause food infections or food intoxications shall be stored in covered containers at 45 degrees F (7.2 degrees C) or less.	1	1		
STRTP	Physical Plant/ Environmental Safety	80087(a)	(a) The facility shall be clean, safe, sanitary and in good repair at all times for the safety and well-being of clients, employees and visitors.	1			
STRTP	Client Records	87070(b)(12)	(12) A separate log for each psychotropic medication prescribed to a child showing all of the following:		4		

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
STRTP	Client Records	87087(e)	(e) In every situation where children share a bedroom, the licensee shall document that the bedroom sharing arrangement ensures the health and safety of each child and that the children are compatible. When considering compatibility, a licensee shall consult with children in their care, in an age and developmentally appropriate manner, regarding the child's sexual orientation and gender identity and what information the child wishes to disclose and to whom. A licensee shall not disclose information about the child's sexual orientation and/or gender identity against the child's wishes, unless compelled to do so by law or court order. This documentation shall be maintained in the child's record.		2	3	
STRTP	Client Records	87068.3(a)	(a) The needs and services plan specified in Section 87068.2 shall be updated at least every 30 days to determine the following:		2		1

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
STRTP	Client Records	80069(c)(1)	(1) The results of an examination for communicable tuberculosis and other contagious/infectious diseases.		2		
STRTP	Physical Plant/ Environmental Safety	80088(b)	(b) All window screens shall be in good repair and be free of insects, dirt and other debris.		2		
STRTP	Core-Therapeutic Treatment Services	87079(e)(1)	(1) Copies of schedules shall be retained in the facility's files for at least six months.		1	3	
STRTP	Operational Requirements	80071(a)(1)	(1) The licensee shall maintain in the facility a register of all clients. The register shall be immediately available to, and copied for, licensing staff upon request, and must contain current information on the following:			3	

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
STRTP	Staffing/ Personnel Records	87065.1(c)(1)(C)(4)	4. Successful completion of job shadowing shall be verified by a statement completed by the experienced facility personnel being shadowed affirming: a) specific activity observed; b) dates and times of shadowing; and, c) training topic listed in Section 87065.1(c)(3)(A) through (X) that is satisfied by the job shadowing activity.			3	
STRTP	Client Records	87068.2(g)(1)	(1) The licensee shall document in the child's needs and services plan when the case plan is received from the county placing agency.		1	1	2
STRTP	Operational Requirements	80071(a)(1)(A)	(A) Client's name and ambulatory status as specified in Section 80070(b)(1) and (8).			1	2
STRTP	Operational Requirements	80071(a)(1)(D)	(D) Client's restricted health condition(s) specified in Section 80092(b).			1	2
THPP	Client Records	80069(c)(1)	(1) The results of an examination for communicable tuberculosis and other contagious/infectious diseases.	1	1	5	

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
THPP	Physical Plant/ Environmental Safety	80010(a)	(a) A licensee shall not operate a facility beyond the conditions and limitations specified on the license, including the capacity limitation.	1			
THPP	Staffing/ Personnel Records	80066(a)(6)	(6) Documentation of the educational background, training and/or experience specified in licensing regulations for the type of facility in which the employee works.	1			
THPP	Client Records	80069(a)	(a) Except for licensees of ARFs, prior to or within 30 calendar days following the acceptance of a client, the licensee shall obtain a written medical assessment of the client, as specified in Section 80069(c), which enables the licensee to determine his/her ability to provide necessary health related services to the client. The assessment shall be used in developing the Needs and Services Plan.		3	7	
THPP	Client Records	80069(c)(4)	(4) A determination of the client's ambulatory status, as defined by Section 80001(n)(2).			6	
THPP	Client Records	80069(c)	(c) The medical assessment shall include the following:			5	

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
THPP	Client Records	80069(c)(2)	(2) Identification of the client's special problems and needs.			5	
THPP	Client Records	80069(c)(3)	(3) Identification of any prescribed medications being taken by the client.			5	
THPP	Client Records	86068.2(a)(7)	(7) Visitation, including limitations on visits to the family residence and other visits inside and outside the transitional housing unit;			5	
THPP	Client Records	80069(a)(1)	(1) The assessment shall be performed by a licensed physician or designee, who is also a licensed professional, and the assessment shall not be more than one year old when obtained.			4	
THPP	Client Records	80070(b)(8)	(8) Medical assessment, including ambulatory status, as specified in Section 80069.			4	
THPP	Client Records	86070(b)(5)	(5) Written consent that authorizes the licensee to obtain other than ordinary medical and dental care in an emergency when the authorized representative is unavailable.			4	

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
THPP	Client Records	86168.3(f)	(f) The Needs and Services Plan shall be signed by the nonminor dependent, the THPP administrator or social work personnel, and the person or agency responsible for placing the nonminor dependent, such as a social worker or probation officer, and maintained in the records for the nonminor dependent as specified in Section 86170, Nonminor Dependents' Records.			4	
THPP	Client Records	86170(b)(2)(B)(1)	1. The licensee or facility staff shall be responsible for maintaining information and records provided by physicians and educators including, but not limited to, immunization records and any official grade or progress reports.			4	
THPP	Client Records	80069(c)(5)	(5) Identification of physical restrictions, including any medically necessary diet restrictions, to determine the client's capacity to participate in the licensee's program.			3	
THPP	Operational Requirements	80071(a)(1)(A)	(A) Client's name and ambulatory status as specified in Section 80070(b)(1) and (8).			3	

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	A Citation Freq	B Citation Freq	TV Freq	TA Freq
THPP	Operational Requirements	80071(a)(1)(B)	(B) Name, address and telephone number of client's attending physician.			3	
THPP	Operational Requirements	80071(a)(1)(D)	(D) Client's restricted health condition(s) specified in Section 80092(b).			3	
THPP	Staffing/ Personnel Records	86066(a)(1)(C)	(C) A record of THPP personnel annual performance evaluations.			3	
THPP	Client Records	86068.2(a)(8)	(8) Limitations on written and telephonic communication, if ordered by a court;			3	
THPP	Client Records	86068.2(a)(13)	(13) Signature of the participant's authorized representative.			3	
THPP	Client Records	86070(b)(4)	(4) Name of the participant's current employer and current phone number and address of employment.			3	
THPP	Client Records	86070(b)(7)	(7) Religious preference and the name and address of clergyman or religious advisor if any.			3	